
State:	VermontGMCB	Filing Company:	BCBSVT
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.001C Any Size Group - Other		
Product Name:	BCBSVT 2018 Vermont Qualified Health Plans Rate Filing		
Project Name/Number:	/		

Filing at a Glance

Company:	BCBSVT
Product Name:	BCBSVT 2018 Vermont Qualified Health Plans Rate Filing
State:	VermontGMCB
TOI:	H16G Group Health - Major Medical
Sub-TOI:	H16G.001C Any Size Group - Other
Filing Type:	GMCB Rate
Date Submitted:	05/12/2017
SERFF Tr Num:	BCVT-131037743
SERFF Status:	Submitted to State
State Tr Num:	
State Status:	
Co Tr Num:	
Implementation	On Approval
Date Requested:	
Author(s):	Jude Daye, Martine Brisson-Lemieux, Andrew Proulx
Reviewer(s):	
Disposition Date:	
Disposition Status:	
Implementation Date:	
State Filing Description:	

State: VermontGMCB **Filing Company:** BCBSVT
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.001C Any Size Group - Other
Product Name: BCBSVT 2018 Vermont Qualified Health Plans Rate Filing
Project Name/Number: /

General Information

Project Name: Status of Filing in Domicile:
Project Number: Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Group
Submission Type: New Submission Group Market Size: Small
Group Market Type: Employer, Other Explanation for Other Group Market Type:
Overall Rate Impact: Filing Status Changed: 05/12/2017
State Status Changed:
Deemer Date: Created By: Jude Daye
Submitted By: Jude Daye Corresponding Filing Tracking Number:
PPACA: Non-Grandfathered Immed Mkt Reforms
PPACA Notes: null
Exchange Intentions: To be sold on Vermont Health Connect or directly to consumers effective 01/01/2018.

Filing Description:
May 12, 2017

Noel Hudson
Director of Health Policy
Green Mountain Care Board
89 Main Street, Third Floor, City Center
Montpelier, Vermont 05620

Subject: Blue Cross and Blue Shield of Vermont - NAIC # 53295
2018 Vermont Qualified Health Plans Rate Filing

Dear Mr. Hudson:

Attached for the Green Mountain Care Board's review and approval is Blue Cross and Blue Shield of Vermont's 2018 Vermont Qualified Health Plans (QHP) Rate Filing.

The funding from the federal government of the Cost Share Reduction (CSR) program for calendar year 2018 is uncertain. Meanwhile, the U.S. House of Representatives has passed the American Health Care Act, which would implement a great many changes on the 2018 QHP market, several of which would have an impact on pricing. This filing was prepared assuming full funding of the CSR program and no changes to current law. In the event that the CSR program is de-funded or the AHCA becomes law, BCBSVT will amend this filing or any subsequently approved rates.

Please let me know if we can answer any questions or provide further information during your review.

Sincerely,

Ruth Greene

State:	VermontGMCB	Filing Company:	BCBSVT
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.001C Any Size Group - Other		
Product Name:	BCBSVT 2018 Vermont Qualified Health Plans Rate Filing		
Project Name/Number:	/		

cc:Tom Crompton/GMCB
Marisa Melamed/GMCB
Paul Schultz/BCBSVT
Martine Lemieux/BCBSVT

Company and Contact

Filing Contact Information

Jude Daye, Executive Assistant	dayej@bcbsvt.com
445 Industrial Lane	802-371-3244 [Phone]
Montpelier, VT 05601	

Filing Company Information

BCBSVT	CoCode: 53295	State of Domicile: Vermont
PO BOX 186	Group Code:	Company Type: Hospital
Montpelier, VT 05601	Group Name:	Service Corp
(802) 371-3450 ext. [Phone]	FEIN Number: 03-0277307	State ID Number:

Filing Fees

Fee Required?	Yes
Fee Amount:	\$150.00
Retaliatory?	No
Fee Explanation:	

SERFF Tracking #:	BCVT-131037743	State Tracking #:	Company Tracking #:
State:	VermontGMCB	Filing Company:	BCBSVT
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.001C Any Size Group - Other		
Product Name:	BCBSVT 2018 Vermont Qualified Health Plans Rate Filing		
Project Name/Number:	/		

Rate Information

Rate data applies to filing.

Filing Method:	Experience Rated
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	7.270%
Effective Date of Last Rate Revision:	01/01/2017
Filing Method of Last Filing:	Experience Rated

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
BCBSVT	Increase	12.685%	12.685%	\$52,586,325	42,357	\$414,569,895	14.645%	5.838%

State: VermontGMCB **Filing Company:** BCBSVT
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.001C Any Size Group - Other
Product Name: BCBSVT 2018 Vermont Qualified Health Plans Rate Filing
Project Name/Number: /

Rate Review Detail

COMPANY:

Company Name: BCBSVT
HHS Issuer Id: 13627

PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
BCBSVT EPO (Individual)	13627VT034		17541
BCBSVT EPO (Small Group)	13627VT032		23224
BCBSVT EPO Blue Rewards (Individual)	13627VT038		4222
BCBSVT EPO Blue Rewards (Small Group)	13627VT036		1964
BCBSVT EPO Blue Rewards CDHP (Individual)	13627VT039		2318
BCBSVT EPO Blue Rewards CDHP (Small Group)	13627VT037		9152
BCBSVT EPO CDHP (Individual)	13627VT035		4629
BCBSVT EPO CDHP (Small Group)	13627VT033		6985

Trend Factors:

FORMS:

New Policy Forms: N/A
Affected Forms: N/A
Other Affected Forms: N/A

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual
Member Months: 844,973
Benefit Change: Increase
Percent Change Requested: Min: 5.838 Max: 14.645 Avg: 12.685

PRIOR RATE:

Total Earned Premium: 414,569,895.00
Total Incurred Claims: 376,074,638.00
Annual \$: Min: 215.90 Max: 618.31 Avg: 493.29

REQUESTED RATE:

Projected Earned Premium: 467,156,220.00
Projected Incurred Claims: 410,642,783.00
Annual \$: Min: 251.67 Max: 692.56 Avg: 555.86

SERFF Tracking #:	BCVT-131037743	State Tracking #:	Company Tracking #:
State:	VermontGMCB	Filing Company:	BCBSVT
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.001C Any Size Group - Other		
Product Name:	BCBSVT 2018 Vermont Qualified Health Plans Rate Filing		
Project Name/Number:	/		

Supporting Document Schedules

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	BCBSVT 2018 QHP Filing - Memorandum.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Actuarial Memorandum and Certifications
Bypass Reason:	Part III Actuarial Memorandum is the same as the Actuarial Memorandum in the previous section.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Civil Union Rating Requirements
Bypass Reason:	Not required.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Consumer Disclosure Form
Comments:	
Attachment(s):	BCBSVT 2018 QHP Filing - Plain Language Summary.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Filing Compliance Certification
Comments:	
Attachment(s):	Filing Compliance Certification.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Third Party Filing Authorization
Bypass Reason:	BCBSVT does not use a Third Party to submit filings.
Attachment(s):	
Item Status:	
Status Date:	

State:	VermontGMCB	Filing Company:	BCBSVT
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.001C Any Size Group - Other		
Product Name:	BCBSVT 2018 Vermont Qualified Health Plans Rate Filing		
Project Name/Number:	/		

Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	UnifiedRateReviewTemplate_BCBSVT_13627_2018.xlsm UnifiedRateReviewTemplate_BCBSVT_13627_2018.pdf UnifiedRateReviewSubmission_BCBSVT_13627_2018_201705118202.xml
Item Status:	
Status Date:	

Satisfied - Item:	Exhibits
Comments:	
Attachment(s):	BCBSVT 2018 QHP Filing - Exhibits.pdf BCBSVT 2018 QHP Filing - Exhibits.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Attachments A & B
Comments:	
Attachment(s):	Attachment A - Standard Plans AV Certification - 2018.pdf Attachment B - Blue Rewards AV Certification - 2018.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Rate Data Template
Comments:	
Attachment(s):	RateTables_BCBSVT_2018.pdf RateTables_BCBSVT_2018.xls RateTables_BCBSVT_2018.xml
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Data Set
Comments:	
Attachment(s):	Actuarial Memo Dataset (2018 issues) - BCBSVT.pdf Actuarial Memo Dataset (2018 issues) - BCBSVT.xlsx
Item Status:	
Status Date:	

SERFF Tracking #:

BCVT-131037743

State Tracking #:**Company Tracking #:**

State:

VermontGMCB

Filing Company:

BCBSVT

TOI/Sub-TOI:

H16G Group Health - Major Medical/H16G.001C Any Size Group - Other

Product Name:

BCBSVT 2018 Vermont Qualified Health Plans Rate Filing

Project Name/Number:

/

Attachment UnifiedRateReviewTemplate_BCBSVT_13627_2018.xlsm is not a PDF document and cannot be reproduced here.

Attachment UnifiedRateReviewSubmission_BCBSVT_13627_2018_201705118202.xml is not a PDF document and cannot be reproduced here.

Attachment BCBSVT 2018 QHP Filing - Exhibits.xlsx is not a PDF document and cannot be reproduced here.

Attachment RateTables_BCBSVT_2018.xls is not a PDF document and cannot be reproduced here.

Attachment RateTables_BCBSVT_2018.xml is not a PDF document and cannot be reproduced here.

Attachment Actuarial Memo Dataset (2018 issues) - BCBSVT.xlsx is not a PDF document and cannot be reproduced here.

**BLUE CROSS BLUE SHIELD OF VERMONT
2018 VERMONT QUALIFIED HEALTH PLANS RATE FILING
ACTUARIAL MEMORANDUM**

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2018 VERMONT QUALIFIED HEALTH PLANS RATE FILING
ACTUARIAL MEMORANDUM**

1. GENERAL INFORMATION

1.1. Company Identifying Information

Company Legal Name: Blue Cross and Blue Shield of Vermont
State: Vermont
HIOS Issuer ID: 13627
Market: Combined
Effective Date: January 1, 2018

1.2. Company Contact Information

Primary Contact Name: Paul A. Schultz, FSA, MAAA
Primary Contact Telephone Number: 1-(802)-371-3763
Primary Contact Email Address: schultzp@bcbsvt.com

1.3. Scope and Purpose

The purpose of this rate filing is to provide the rates and a description of the rate development for the Qualified Health Plans (QHPs) that Blue Cross and Blue Shield of Vermont (BCBSVT) proposes to offer for the 2018 benefit year.

This filing is intended to comply with the following laws:

- Vermont State Law 8 V.S.A. § 4062
- Vermont State Law 8 V.S.A. § 4512
- Vermont State Law 33 V.S.A. § 1806
- Vermont State Law 33 V.S.A. § 1811
- Vermont State Law 33 V.S.A. § 1812.
- DFR Order establishing tier rate structure and multipliers (Docket No. 13-002-I)
- Vermont Agency of Human Services Health Benefits Eligibility and Enrollment Rule, Parts 1 and 2
- Green Mountain Care Board, Rule 2.000
- Federal Regulation 45 C.F.R. Part 147
- Federal Regulation 45 C.F.R. Part 153
- Federal Regulation 45 C.F.R. Part 154
- Federal Regulation 45 C.F.R. Part 155
- Federal Regulation 45 C.F.R. Part 156
- Federal Regulation 45 C.F.R. Part 158
- Federal Regulation 26 IRC § 223

1.4. Proposed Rate Increase(s)

BCBSVT proposes an average increase of 12.7 percent.

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2018 VERMONT QUALIFIED HEALTH PLANS RATE FILING

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1.5. Reason for Rate Increase(s)

The starting point of any renewal rate analysis is an assessment of actual to expected experience results. The basis for this rate filing is calendar year 2016 experience. That experience was worse than expected in the 2017 rate filing, driving a 1.9 percent increase in 2018 rates:

- Allowed QHP claims were higher than expected, driving a rate increase of 1.5 percent.
- Benefit plans proved to be richer than expected, as measured by the ratio of paid claims to allowed claims. Reflecting this in our modeling of 2017 benefits had a 0.4 percent impact on 2017 rates.
- Paid claims are the product of allowed claims and paid-to-allowed ratio. Unfavorable paid claims experience therefore increases rates by 1.9 percent.

In the absence of mandated changes associated with the federal and state regulation, a 9.6 percent increase would have been requested. In addition to the experience impact, various assumptions drive the balance of the increase:

- An estimate of increases in the amounts providers are paid during 2017 was included in 2017 QHP rates. Increases that have already occurred in 2017, or that are projected to occur before the end of 2017, drive a premium decrease of 0.5 percent by virtue of being lower than those assumed in the 2017 filing.
- Amounts that providers are paid are expected to increase in 2018, driving a premium increase of 3.5 percent. This includes a 1.3 percent premium increase due to increases in the wholesale price of prescription drugs and a 2.1 percent premium increase due to payments to providers of medical services.
- Utilization trend has been escalating recently, as evidenced by hospital net patient revenue overages in each of the past two years. Primary drivers include drugs and injectables administered in the facility or doctor's office, an increase in preventive services and primary care office visits, and a more recent spike in emergency room and urgent care utilization. Our utilization trend selections of 2.0 percent for medical and 0.5 percent for retail pharmacy yield a premium rate increase of 2.8 percent.
- BCBSVT continues to negotiate contract improvements with its pharmacy benefit manager. The combination of enhanced rebates through a change in formulary and previously negotiated discount improvements reduces the premium by 0.6 percent.
- BCBSVT assumes that members who have or will enroll in our QHPs in 2018 will prove to be less healthy on average than those in the Single Risk Pool during calendar 2016. Primarily driven by the aging of the population and an observed increase in average family size, these assumptions create a premium increase of 2.1 percent.

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2018 VERMONT QUALIFIED HEALTH PLANS RATE FILING

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- Increases in administrative costs per member per month increased premium by 0.3 percent. BCBSVT administrative expenditures for members included in this filing are 6.5 percent of premium.
- Other adjustments to the assumptions used in the 2018 rate development cumulatively have the effect of reducing the required rate increase by 0.2 percent.

Mandated changes associated with the federal and state regulation combine for a net increase to premium of 2.8 percent:

- The Federal Insurer Fee was temporarily suspended for 2017, but returns in 2018. Our estimate of that fee is 2.6 percent. Coupled with a modest decrease in our expected federal risk adjustment program transfer amount, increases directly attributable to federal programs result in a premium increase of 2.9 percent.
- Some deductibles, out-of-pocket maximums and co-pays in QHPs remain unchanged from 2017 to 2018. As overall costs increase and the amounts that members pay in cost-sharing contributions stay the same, more of the total cost is transferred to premiums. This has an impact of 0.8 percent on premium, offset by a 1.1 percent decrease due to plan changes implemented by BCBSVT and the State of Vermont for a net premium decrease of 0.3 percent.
- The Green Mountain Care Board (GMCB) has increased their total billback amount, while the Vermont legislature is working to amend the allocation of that billback. The GMCB has provided a preliminary estimate that BCBSVT will be charged \$1.42 per member per month for GMCB billbacks, which is substantially more than the \$0.30 per member per month that was included in the experience. This has a rate impact of 0.3 percent.

1.6. Historical Financial Results

BCBSVT has been offering QHP products since the start of the program in 2014. Prior to offering QHPs, BCBSVT offered Individual and Small Group products. All Vermonters that were previously purchasing Individual and Small Group products were required to move to a QHP in 2014. The State allowed individuals and small groups to remain in their 2013 products through the first quarter of 2014. All financial information below includes the QHP and Non-QHP individual and small group experience in 2014.

	CY 2014	CY 2015	CY 2016	Cumulative
Member Months	740,444	768,293	835,541	2,344,278
Filed Contribution to Reserve	1.1%	1.0%	2.0%	1.4%
Expected Contribution to Reserve for Approved Rates	-1.6%	1.0%	0.8%	0.2%
Actual Contribution to Reserve	2.8%	-1.3%	-5.1%	-1.5%

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2018 VERMONT QUALIFIED HEALTH PLANS RATE FILING

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The actual contribution to reserve was calculated by restating financial results to include the impacts of Transitional Reinsurance, Risk Adjustment and other prior year events in the year they were incurred, rather than the year when they were booked.

The contribution to reserve necessary to have maintained the December 31, 2013 level of Risk Based Capital (RBC) over this three year period solely for increases in premium and membership was 1.9 percent per year.

1.7. Health Care Reform

All-Payer Model

In the fall of 2016, the State entered in to an All-Payer Model agreement with CMS. This was a five year agreement with 2017 as the pilot year and 2018 as the first performance year. Under this new model, Medicare, Medicaid and Commercial beneficiaries would keep their current benefit and provider choice. The agreement includes three health improvement goals: improved access to primary care, reduced deaths from suicide and drug overdose, and reducing prevalence and morbidity of chronic disease.

BCBSVT is a proponent of health care payment reform and the goals of the All-Payer Model. BCBSVT is currently in negotiations with Vermont's ACOs to establish 2018 risk contracts that will support Vermont's All-Payer Model agreement.

At the time of this filing, BCBSVT has not reached an agreement with any ACO to participate in the APM for Performance Year 2018. Accordingly, we did not include any assumptions as to the impact of a possible contract with an ACO on the 2018 QHP rates. Furthermore, Vermont ACOs have been unsuccessful in generating savings in the first three years of their shared savings arrangements with BCBSVT, so there is currently no basis for prospectively modeling improvements in utilization or service mix. Any actual savings generated by BCBSVT risk contracts will be reflected in experience used for future renewal rates.

Cost Share Reduction Funding

As part of the Affordable Care Act, Cost Share Reductions (CSR) are available to low income Vermonters. These cost share reductions were implemented by lowering deductibles, copayments and out-of-pocket maximums. The CSR plans, which must meet specific metal actuarial values (AVs), are available to low-income Vermonters at the same premium as the Silver plan. The federal government has used monthly advance payments with an annual reconciliation process to reimburse issuers for the difference in cost sharing between the base Silver plan and the CSR plans. While the expected CSR funding needed for 2018 is \$8.7 million, the funding of this program for calendar year 2018 is uncertain. In the event that this program is not funded by the federal government, Vermont will need to react in one of a number of ways, including but not limited to state funding of the CSR program, discontinuing enrollment in CSR plans, or allowing issuers to modify rates to charge the entire or a portion of the combined risk pool for the difference in claims costs between CSR plans and the standard Silver plan. In the event that federal government stops funding the CSR program, BCBSVT will work with all of the applicable state regulators, and stakeholders, to develop a solution. BCBSVT files these rates expressly reserving the right to amend them in the event of significant changes to the CSR program or the funding thereof.

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2018 VERMONT QUALIFIED HEALTH PLANS RATE FILING

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American Health Care Act

On May 4, 2017, the U.S. House of Representatives passed the American Health Care Act (AHCA), proposing many changes to the current health care laws. AHCA is currently under consideration by the U.S. Senate. This filing does not include any adjustment for provisions in AHCA. In the event that the AHCA or any other health care law is approved and contains provisions that materially impact plan year 2018, we will amend this filing, or any subsequently approved rates, to reflect such new laws.

2. PROPOSED BENEFITS

2.1. Description of Benefits

BCBSVT will be offering two types (Standard and Non-Standard) of QHPs in 2018. These plans include coverage for all Essential Health Benefits (EHBs). All QHPs are on the Exclusive Provider Organization (EPO) network and offer members access to a nationwide network of providers, including 92 percent of the providers in Vermont.

BCBSVT Standard Plans: BCBSVT is providing rates for the Standard Plans with benefits as approved by the Green Mountain Care Board, which are outlined in Exhibit 1A - "State of Vermont Standard Plan Designs." The Form filings for these products can be found under BCVT-130958065 for Non-CDHP plans and BCVT-130958114 for CDHP Plans. BCBSVT is introducing a new Standard Bronze plan effective January 1, 2018.

BCBSVT Blue Rewards (Non-Standard) Plans: BCBSVT is providing rates for two health and wellness-based non-standard products that we have named Blue Rewards and Blue Rewards CDHP. Please see Exhibit 1B - "Blue Rewards (Non-Standard) Plan Designs" for details on the benefit structure. The Form filings for these products can be found under BCVT-130958059 for Non-CDHP plans and BCVT-130958142 for CDHP Plans. BCBSVT Blue Rewards plans also offer a Wellness program with incentives up to \$300 per year for each adult member for completing a health assessment, having a physical exam, participating in a workshop or challenge, or having a routine eye or dental exam. BCBSVT is introducing a new Blue Rewards Silver CDHP plan and a new Blue Rewards Bronze plan effective January 1, 2018.

Uniform Compliance

All of the renewing benefits are in compliance with 45 CFR §147.106. Specifically, all renewing benefits continue to be offered on BCBSVT's Exclusive Provider Organization (EPO) network and continue to cover the same service area. Some cost sharing levels were modified to maintain the same metal tier levels. Each product covers the same benefits as covered for plan year 2017.

2.2. AV Metal Values

Standard plans are designed by the State of Vermont and offered by all issuers of QHPs. Please see *Attachment A - Standard Plans AV Certification - 2018* for the certification provided by the State.

Blue Rewards (Non-Standard) plans are designed by BCBSVT. The metal values included in the Unified Rate Review Template (URRT) were calculated using an alternate methodology, as allowed by 45 CFR §156.135. Multiple benefit designs offered in BCBSVT's Non-Standard plans are

BLUE CROSS BLUE SHIELD OF VERMONT
2018 VERMONT QUALIFIED HEALTH PLANS RATE FILING
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not supported by the AV Calculator. Please see *Attachment B - Blue Rewards (Non-Standard) Plans AV Certification - 2018*, for the actuarial certification, which includes the process used to develop the AV Metal Values.

3. EXPERIENCE RATING

3.1. Experience Period Premium and Claims

The experience period used is 2016 experience of Blue Cross and Blue Shield of Vermont (BCBSVT) Individual and Small Group QHP products. This population will be referred to as the Single Risk Pool.

We used claims incurred January 1, 2016 through December 31, 2016 and paid through February 28, 2017. Both the paid claims and the allowed charges were completed using BCBSVT's monthly reserving models that underlie the financial statement reserves (best estimates before margin). These methods are subject to review by independent auditors and examination by Vermont Department of Financial Regulation (DFR). The claims used to develop the completion factors include a larger block of business than QHP experience alone. Using the larger block to calculate the Incurred But Not Reported (IBNR) claims reduces the variability of the projection. For the purpose of calculating completion factors, the reserving method categorizes claims by reporting/payment process (Local, BlueCard, Pharmacy, Medicare Supplement, etc.). Completion factors are calculated separately for each category. We also included an estimate of IBNR for the outstanding pharmacy rebates.

The paid claims and allowed charges come directly from claim records in BCBSVT's data warehouse. For Fee-for-Service claims, we combined plan payment with member cost sharing to calculate the allowed charges. For claims under a capitation arrangement, we combined capitation paid to the provider with the member cost sharing to generate allowed charges.

The table below shows details underlying the Incurred Claims and Allowed Claims (from URRT, Section I of Worksheet 1) for the Experience Period.

	Incurred Claims	Allowed Claims
Claims incurred and paid through December 31, 2016	\$362,246,973	\$450,321,122
Estimate of IBNR as of February 28, 2017 for Claims	\$1,761,333	\$2,008,413
Estimate of IBNR as of February 28, 2017 for Pharmacy Rebates	(\$5,463,888)	(\$5,462,888)
Total Claims	\$358,544,417	\$446,865,647
Member Months	835,621	835,621
Total Per Member Per Month (PMPM)	\$429.08	\$534.77

The experience period total allowed charges PMPM are \$534.77.

In the experience period, the earned premium was \$386,227,017. BCBSVT will not be required to pay MLR rebates for the 2016 calendar year.

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2018 VERMONT QUALIFIED HEALTH PLANS RATE FILING
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3.2. Benefit Categories

Medical claims are initially categorized into two categories based on the type of claim form the provider submitted: UB-04/CMS 1450 (Facility Inpatient/Outpatient) or HCFA/CMS 1500 (Professional/Other). Facility claims are then divided into the Inpatient and Outpatient categories in Worksheet 1, Section II of the URRT by the place of service listed on the UB-04 claim form.

Professional and Other medical claims are subdivided based on whether the provider is a medical professional or medical supplier as submitted on the HCFA 1500 claim form.

The prescription drug benefit category was populated for claims processed through our pharmacy benefit manager.

The capitation benefit category was populated with claims that run through our internal capitation system. The capitation category uses “Benefit Period” as a utilization description and the units represent the number of capitations in a given year.

3.3. Index Rate

The Index Rate is equal to the experience period allowed charges for EHB. As shown in section 3.1, the experience index rate is \$534.77.

To calculate the Projected Period Index Rate, we first excluded pharmacy rebates, BlueCard fees, and payments to the Blueprint program. These claims are not dependent on benefits and should not be subject to the projection factors described in the following sections. They will be added back into the Projected Period Index Rate (as described in section 3.4.6.).

BCBSVT has access to the detailed claims information underlying capitated claims. Since capitated payments are routinely adjusted to target 100 percent of FFS claims, using the FFS equivalent represents the expected payment better than does the capitation.

These adjustments are included in the “Other” factor in the section 2 of worksheet 1 of the URRT.

	Total Dollars	PMPM
Allowed Claims in section 1 of worksheet 1 of URRT	\$446,865,647	\$534.77
Remove BlueCard Fees	(\$1,531,439)	(\$1.83)
Remove Pharmacy Rebates	\$7,035,218	\$8.42
Remove Payments to Blueprint Program	(\$3,086,716)	(\$3.69)
Replace Capitation with FFS equivalent	\$610,597	\$0.73
Line A of Exhibit 5	\$449,893,307	\$538.39

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3.4. Projection Factors

3.4.1. Change in the Definition of Small Group

As of the first renewal date on or after January 1, 2016, the Vermont definition of Small Group changed to include groups with 51-100 employees. These groups can either offer QHPs or move to a self-funded alternative. To calculate the factor to adjust for this change, we included the non-QHP experience for groups that joined the QHP line of business upon renewal in 2016. We included these claims and member months in all of the factors described below. The non-QHP experience for these groups did not include pediatric dental and pediatric vision benefits, and their QHP experience only included a partial year for those benefits. To adjust for this, we assumed that the experience PMPM for vision and dental would be the same as for the QHP experience.

Coverage Category	Single Risk Pool	Non-QHP experience for groups with 51-100 employees that started offering QHP coverage in 2016	Total
Allowed Medical Claims PMPM	\$446.32	\$357.02	\$445.34
Allowed Pharmacy Claims PMPM	\$90.16	\$103.69	\$90.31
Allowed Dental Claims PMPM	\$1.82	\$1.82	\$1.82
Allowed Vision Claims PMPM	\$0.09	\$0.09	\$0.09
Experience Membership	835,621	9,352	844,973
Total Allowed PMPM	\$538.39	\$462.62	\$537.56

The factor $(1+b_1)$ on Exhibit 5) to adjust for the change in the definition of Small Group is $\$537.56/\$538.39 = 0.9984$.

3.4.2. Membership Projections

As of March 2017, BCBSVT had 70,035 members enrolled in a QHP product, either individually through Vermont Health Connect or directly as individuals or small group employees.

We used this information as the starting point to project the 2018 QHP enrollment and the distribution by plan, including movement between plans and into the new proposed plans.

Notably, we experienced unusual membership movement away from Bronze plans and into Gold plans in 2017. It would appear that this is primarily attributable to the Blue Rewards Bronze CDHP plan losing its HSA compatibility because of benefit changes necessitated by the Vermont mandated pharmacy out-of-pocket maximum. This unusual movement has been reflected in our baseline membership.

Prior to 2014, plans similar to the Silver CDHP plan were very popular in the small group and 51-100 markets. These plans were popular due to their simplicity and HSA compatibility. In the small group market, approximately 10 percent of the BCBSVT population had a similar plan

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design when they transitioned to a QHP. Of the groups 51-100 that transitioned to a QHP, almost 15 percent of that population had a plan design similar to the new proposed Blue Rewards Silver CDHP. For the 51-100 market with a similar plan design, 84 percent of the membership ended up on the Gold CDHP in order to retain this plan design, which meant they needed to buy a richer and more expensive product.

Experience has shown us that over time we will see movement to less expensive plans due to rate increases in the market. We expect this will result in movement from Gold to Silver and to some extent from Silver to Bronze.

Based on these factors, our best estimate for the 2018 BCBSVT QHP population by plan and market can be found on Exhibit 2A.

The total member months expected to be covered by this filing is 840,420.

This projected membership was also used to adjust our Index Rate for demographics, morbidity, benefit changes, and other allowable adjustments described below.

3.4.3. Changes in the Morbidity of the Population Insured

Our experience period is based on calendar year 2016. It includes members that enrolled in a QHP with BCBSVT during 2016, non-QHP experience with BCBSVT in a group that enrolled in a QHP with BCBSVT upon the renewal date of their group plan, and canceled members. Canceled members can be divided into two categories, voluntary cancelation and cancelation due to death. Voluntary cancelations can be further broken down by aging out, cancellations from normal group turnover, and individual cancellations. Individuals aging out are captured in our demographic adjustment (see section 3.4.5), while we assume that group turnover leads to the hiring of similarly-situated individuals; therefore, we only adjust for the impact of individual cancellations.

We split the experience claims costs based on these categories in order to compare the different populations. We used the allowed charges from the experience and adjusted for the change in network (see section 3.4.6 for details on this adjustment) and the change in the definition of Small Group previously described in section 3.4.1. We adjusted the experience period claims cost to reflect the average claims cost of members who did not voluntarily terminate prior to the end of calendar year 2016.

	Voluntary Cancelation in the Individual Market	All Other Members	Total
Experience Period Allowed	\$25,714,084	\$428,443,294	\$454,157,378
Member Months	47,118	797,855	844,973
PMPM	\$545.74	\$536.99	\$537.48

The factor (1+b₉ on Exhibit 5) to adjust for the change in pool morbidity is $\$536.99/\$537.48 = 0.9991$.

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We also adjusted the projected allowed charges (1+b₃ on Exhibit 5) for the impact of members that were new to QHP in 2017. We assumed that these members would have claims levels similar to members enrolled the same QHP line of business in 2016. The impact of the Newly Insured is 1.0012, as shown on Exhibit 2B.

3.4.4. Changes in Benefits

The impact of benefit changes (1+c₁ line on Exhibit 5), represents the anticipated change in the average utilization of services due to the change in average cost sharing in QHP products compared to the experience period products (both QHP and non-QHP). To calculate this factor, we first calculated the average modeled paid to allowed (PA) ratio for the benefits in the experience period and the paid to allowed ratio for the benefits in the projection period. We then apply an induced utilization factor to each PA ratio and weight it on membership. The induced utilization (IU) factor is calculated by using the experience metal level allowed charge relativities. For non-QHP experience, we assigned a metal level based on the benefit design. The impact of the movement between benefits is 1.0035, as shown on Exhibit 2C.

In 2017, the Blue Rewards Bronze CDHP deductible was increased to meet the AV metal requirements and the plan was therefore no longer HSA compatible. This is the main reason that we experienced a benefit buy-up from 2016 to 2017. The Blue Rewards Bronze CDHP will be HSA compatible in 2018. While we increased the projected number of members in that plan, the general reluctance of members to change plans leads us to a projected membership in bronze plans that is not back to 2016 levels.

3.4.5. Changes in Demographics

To develop the change in demographic factor (factor 1+c₃ on Exhibit 5), we used the age-gender factors from the SOA's report Health Care Cost - From Birth to Death¹. We applied these factors to both the experience membership and the projected membership and compared the average factors. Since the bulk of membership changes take place during the annual open enrollment period, we have chosen to use a snapshot of membership as of March 31, 2017 as a proxy for calendar 2017 membership. To estimate the change from the 2016 experience period to the 2018 projection period, we squared the annual increase from 2016 to 2017 to account for two years of projection. See details of the experience and projected population on Exhibit 2D.

Calculation of the Demographic Adjustment	
Experience Period Average Age-Sex Factor	1.2581
March 31, 2017 Average Age-Sex Factor	1.2644
Projected Period Average Age-Sex Factor	1.2707
Demographic Adjustment (1+c ₃ on Exhibit 5) = (1.2644 / 1.2581) ²	1.0100

¹ <https://www.soa.org/Research/Research-Projects/Health/research-health-care-birth-death.aspx>

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3.4.6. Other Adjustments

The buildup of the Projected Index Rate also includes a factor for the change in provider networks, a factor to reflect new pharmacy contracts, a factor to reflect the impact of selection on allowed costs, a factor to reflect adjustments needed due to VHC, and adjustments for non-system claims².

Changes in Provider Network (1+c₂)

We adjusted our experience period for the change in provider networks (factor 1+c₂ on Exhibit 5). BCBSVT's 2018 QHPs are offered on our EPO Network. All of the QHP experience used was on the EPO Network but some of the groups with 51-100 employees that enrolled in a QHP in 2016 had claims that came from one of three different networks: BCBSVT's Non-Managed network (PPO/Indemnity), BCBSVT's Managed network (VHP/EPO) and The Vermont Health Plan's (TVHP) network. All three of these networks have different contracts with different reimbursement schedules. Using the historical contracted reimbursement schedules, we calculated network factors that represent the different contracts. Using these factors, we can adjust our projected allowed changes to represent the contract that will be effective in 2018. The impact of provider network is 0.9999, as shown on Exhibit 2E.

Changes in Pharmacy Contracts (1+c₅)

BCBSVT entered into a new contract with its pharmacy benefit manager (PBM), ESI, on July 1, 2015. The ESI contract expires on June 30, 2018. Negotiations for a new contract, whether with ESI or with another PBM, will extend well beyond the decision date of this filing. We have assumed that the new contract will include terms that continue to improve at the same pace as the annual contract improvements negotiated in the current contract. We have removed the contract adjustment from the trend assumption and included a separate factor in the build-up of the projected index rate. To calculate this factor, we applied the contracted discounts and dispensing fees for each type of drug (Generic, Brand and Specialty) to calendar year 2016 claims for both the experience period and the projected period contract provisions. The contract adjustment factor for each type of drug, calculated by taking the ratio of the projected pharmacy claims under each contract, was applied to the projected pharmacy claims (see Exhibit 3H for details). The adjusted projected pharmacy claims were then added to the projected medical claims to calculate the overall impact of the contract changes, as shown on Exhibit 3I. The total impact of the change in pharmacy contracts is 0.9968, as shown on line 1+c₅ of Exhibit 5.

Impact of Selection (1+c₆)

Subscribers will make financial decisions that are right for them. Typically, this manifests itself in healthier subscribers selecting low-cost plans while less healthy subscribers select richer benefits. While we do not reflect selection in the plan-level adjustments, as per the instructions, it can be demonstrated that total premium will be understated without adjusting the index rate to spread the impact of selection across all plans (see Exhibit 2F). This is due to the plan share of allowed costs being greater for richer plan designs, which demonstrably experience antiselection in excess of benefit richness adjustments. The top section of Exhibit 2F shows the build-up of paid claims from allowed charges using actual plan-level adjustments described in Section 3.8 of this Memorandum. The bottom section of the same exhibit

² Non-system claims are payments that are not processed through the claims adjudication system.

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demonstrates the impact on total paid claims of using benefit richness adjustments that instead reflect actual 2016 QHP experience. The ratio of weighted average projected paid claims calculated via each of these two approaches produces a factor that must be included in the index rate so that application of the various plan-level adjustments results in the correct total paid claims across all plans. The total impact of selection is 1.0199, as shown in Exhibit 2F.

Impact of VHC Adjustments (1+b₈)

This factor is a combination of two adjustments, one to account for past membership retroactivity and one to account for future membership retroactivity.

For the calendar year 2016, BCBSVT experienced membership retroactivity, primarily associated with VHC system IT failures, at levels that are not expected to continue into 2018. This membership retroactivity caused claims to be paid that are no longer be associated with active membership. In total, 0.7 percent of the 2016 experience no longer can be matched to active enrollment. When categorized by enrollment method, this is only 0.03 percent of claims for members that directly enroll with BCBSVT and 2.0 percent for members that enrolled through VHC. VHC has indicated that it is working on ensuring that the levels of retroactivity experienced in 2016 do not continue into 2018. We are therefore adjusting the experience period to reflect only 0.03 percent of claims without active membership.

	PMPM with Active Enrollment	PMPM without Active Enrollment	Total PMPM
Experience PMPM	\$533.49	\$3.99	\$537.48
Expected PMPM	\$533.49	\$0.14 = \$533.49 - ((\$533.49 / (1-0.03%)))	\$533.63
Part 1 of 1+b ₈	= \$533.63 / \$537.48 = 0.9928		

While we know that VHC is working on limiting the membership retroactivity, VHC continues to make changes to BCBSVT 2016 enrollment. This ongoing membership changes of 2016 enrollment cause our experience PMPM to be understated. The table below shows the difference in PMPM due to membership retroactivity for calendar years 2014 and 2015. We are assuming that the impact on the 2016 PMPM will be the same as experienced in 2015.

Calendar Year	PMPM as of time of Rate Filing	PMPM as of December 31, 2016	Change
2014	\$466.72	\$473.43	1.0144
2015	\$503.97	\$507.11	1.0062

The total factor on line 1+b₈ of Exhibit 5 is the product of the parts described above: 0.9928 x 1.0062 = 0.9990.

Non-System Claims (e₁ - e₅)

Other costs were added in the buildup of the Projected Index Rate to account for non-system claims (Items e₁-e₅ on Exhibit 5). As previous explained in section 3.3, these non-system claims are claims that are independent from the benefits.

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- Pharmacy Rebates (e_1):

The experience period pharmacy rebates are estimated to be \$8.43 PMPM. This number is a combination of actual rebates and estimates using our contractual rebate guarantee since we have not yet received the details underlying the rebate payment for part of the 2016 calendar year. Pharmacy rebates are expected to trend at the same rate as Brand Drugs. As shown on Exhibit 3H, the projected cost trend for Brand drugs is 12.4 percent, which brings projected pharmacy rebates to \$10.66 PMPM prior to adjusting for the new formulary BCBSVT will use for 2018 QHPs.

As of January 1, 2018, BCBSVT will be moving from its current formulary to ESI's National Preferred Formulary. With this new formulary, we expect our rebates to increase significantly. To estimate the increase in rebates, ESI provided a projected rebate amount for each brand drug. Using our experience brand drug scripts, we calculated the projected total amount of additional rebates. These additional rebates of \$1.76 PMPM were then trended using the Brand cost trend of 12.4 percent for a total of \$2.22 PMPM. The total projected rebates are therefore \$12.88 PMPM.

- Blueprint Payments (e_2):

BCBSVT participates in the Vermont Blueprint for Health³ program. The Vermont Blueprint for Health Manual, effective January 1, 2016, details the funding for both portions of the program: Community Health Teams (CHT) and Patient Centered Medical Homes (PCMH). We do not expect the funding for both CHT and PCMH to change in 2018. Therefore, we assumed that the experienced PMPM of \$3.69 would continue to 2018.

- Interplan Teleprocessing System (ITS) (e_3):

The BlueCard® Program gives BCBSVT members healthcare coverage wherever they go across the country and around the world. The fees associated with this program are independent of the amount of the claims and therefore solely dependent on utilization of BlueCard participating providers. As described below, we believe that the medical annual utilization trend is 2.0 percent and therefore these fees are expected to increase at the same rate. The experience period fees (\$1.83 PMPM) are projected to grow to \$1.91 PMPM in 2018.

- Vermont Vaccine Purchasing Program Payments (e_4):

The Vermont Vaccine Purchasing Program⁴ offers health care providers state-supplied vaccines at no charge by collecting payments from health plans, insurers and other payers. This assessment is now based on a PMPM charge, which is a change from the previous year when it was based on claims. We applied the 2017 rates of \$11.95 per child and \$0.58 per adult to the experience period membership. The average PMPM for the experience period, \$1.94, was used as the expected cost for the projection period.

- Net Cost of Reinsurance (e_5):

BCBSVT uses reinsurance to protect itself against very high claims. Included in the Projected Index Rate is the net cost (reinsurance premium less expected reinsurance claims) of reinsurance. This PMPM cost (\$1.65) was calculated in BCBSVT Large Group Rating Program Filing (BCVT-130935599).

³ <http://blueprintforhealth.vermont.gov/>

⁴ <http://www.vtvaccine.org/>

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3.4.7. Trend Factors (cost/utilization):

The source of the data is BCBSVT's data warehouse, except where noted below. To ensure accuracy of claims information, the data used has been reconciled against internal reserving, enrollment, and other financial reports. Claims incurred between January 1, 2014 and December 31, 2016, completed through February 28, 2017, were used in the analysis. Completion factors are applied to estimate the ultimate incurred claims for each period shown in the exhibits.

The data includes claims from the Single Risk Pool and the non-QHP experience for groups with 51-100 employees that joined the Single Risk Pool in 2016 (as described in section 3.4.1). The data excludes claims that are no longer associated with active enrollment (as described in section 3.4.6)

Medical Trend Development

Using the historical contracted reimbursement schedules, we calculated network factors that represent the various contracts. Using these factors, we can modify the claims to reflect only one contract. From there, we can observe the historical cost increases using all claims information.

Medical trend is composed of three pieces: cost, utilization and intensity. In our analysis, we combine utilization and intensity within the utilization metric and analyze the unit cost separately. Historical experience is normalized for contract changes and then analyzed to derive a utilization trend in the absence of unit cost changes. Future unit cost trends are developed on a discrete basis, using the most recent round of contract negotiations as a starting point. The overall trend is the product of these two components.

Utilization

Contract changes for the entirety of the experience period were measured explicitly for each facility within our service area, as well as the three largest physician groups.

Increases were measured for fee schedules and other chargemasters by applying each schedule to a market basket of services. The market basket was defined by using Current Procedural Terminology (CPT) codes & CPT modifier combinations that were present in each of the effective periods the schedules covered. Using the same experience period data used throughout the trend analysis, total allowed costs for the selected combinations of CPT and CPT modifier were compared under each schedule to estimate the percentage increase. For contracts under DRG arrangements, we compared the charge for the 1.000 DRG service for each period. Finally, for services under a discount of charge arrangement, we used the contracted chargemaster increase provided by our Provider Contracting department.

This accounted for about 87 percent of allowed claims dollars during the experience period. Costs for other claims are primarily for out-of-area services. Contracting changes for these claims were derived from the Fall 2016 Blue Trend Survey, which is a proprietary and confidential dissemination of the Blue Cross and Blue Shield Association.

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Claims were normalized to the December 2016 contract at each unique provider by applying a factor equal to the product of the impact of each contracting change from the experience month through December 2016. The derived trend for other claims was assumed to be continuous. Please see Exhibit 3A for an illustration of this approach.

Shown on Exhibit 3B is the resulting array of allowed PMPM claims costs, before and after normalization for contract changes. Since inpatient claims in December 2015 were unexpectedly low, we adjusted the total claims for that month by replacing the actual inpatient claims for December 2015 by those for November 2015. We performed regressions on a number of periods. Results vary from 3.1 percent (most recent 36 months through December 2016) to +10.6 percent (most recent 12 months through December 2016). The calendar year 2016 over adjusted calendar year 2015 PMPM increase was 2.3 percent, which is much lower than any of the calculated trend based on the regression method. We believe that in this instance, using the most recent annual increase is the most appropriate starting point.

Utilization is influenced by the richness of a product and, as shown on Exhibit 3C, when benefits get richer over time, the utilization will increase. To adjust for this phenomenon, we calculated the average induced utilization factor, based on the actuarial values of the plans in the experience and adjusted each month to reflect the benefits in place in December 2016.

Utilization is also influenced by age. Using SOA's report Health Care Cost- From Birth to Death factors, we calculated the average age-gender factors for the members included in the development.

Calendar Year	Member Months	Average Age-Gender Factor	Aging Adjustment
2015	820,868	1.2516	
2016	844,973	1.2581	1.005

Since early 2014, BCBSVT implemented many new programs to combat fraud, waste and abuse (FWA). As shown in the table below, the return of FWA programs has increased drastically in the past three years for QHP business.

Calendar Year	Percent of claims recovered as part of FWA programs
2014	0.09%
2015	0.75%
2016	1.05%

This increase in recoveries is skewing the trend calculation downward. We have therefore adjusted the claims to reflect 2016 recovery rates. We expect that the percentage of claims recovered through these programs will remain at approximately one percent of total allowed claims through 2018. We have accordingly not adjusted the trend for future improvements in FWA efforts.

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The utilization trend is 2.0 percent, calculated as follows:

Utilization Trend from Unadjusted Data	2.3%
Adjustment for Benefits (= 1.022/1.023)	0.999
Adjustment for Fraud, Waste and Abuse programs (= 1.025/1.022)	1.003
Adjustment for Aging (= 1/1.005)	0.995
Adjusted Utilization Trend (= 1.022 x 0.999 x 1.003 x 0.995)	2.0%

Unit Cost

Unit cost trends were largely derived from observations of recent contracting and provider budgetary changes and augmented with the April 2017 orders of the GMCB to six Vermont hospitals directing a reduction in rates and/or placing a maximum on the commercial increase to be filed in the 2017 hospital budget proceedings⁵.

During calendar year 2016, about 54 percent of total medical claims dollars were accounted for by Vermont facilities and providers impacted by the hospital budget review process of the GMCB. The starting point of our calculation assumes that the GMCB will approve hospital budgets for October 1, 2017 and October 1, 2018 that support identical commercial increases as those approved for October 1, 2016. In certain cases, this was augmented with market intelligence that the BCBSVT provider contracting department gathered relative to early indications from the hospitals as to how their upcoming budget submissions might differ from their 2016 filings. Based upon those assumptions, the provider contracting and actuarial departments worked together to assess the impact such an increase would have on contract negotiations specific to the EPO network used for Qualified Health Plans.

On April 20, 2017, the GMCB ordered five Vermont facilities to limit their next commercial rate increases. We have included these ordered increases in our calculations. In addition to those increases, we made an adjustment to reflect the lower charges for Rutland Regional Medical Center that began on May 1, 2017.

Similarly, we assumed for other providers within the BCBSVT service area that overall 2017 and 2018 budget increases would be identical to those implemented during calendar 2016, with the exception that if we have learned more recent information from our early negotiations with providers, the more recent information is reflected. Again, the provider contracting and actuarial departments worked closely together to assess the impact these increases would have on contract negotiations specific to the EPO network used for Qualified Health Plans.

Finally, unit cost increases for providers outside the BCBSVT service area were derived from the Fall 2016 Blue Trend Survey, which is a proprietary and confidential dissemination of the Blue Cross and Blue Shield Association.

⁵ <http://gmcboard.vermont.gov/sites/gmcb/files/files/hospital-budget/GMCB%20FY16%20Hospital%20Budget%20Press%20Release.pdf>

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The results of the analysis are summarized in the below chart:

Annual Reimbursement Changes due to Budget Increases and Contracting Season

	Percent of Total Allowed Medical Claims in Experience	Cost Trend from 2016 to 2017	Cost Trend from 2017 to 2018	Total Annual Cost Trend
Vermont facilities and providers impacted by GMCB's Hospital Budget Review	54.2%	2.2%	1.4%	1.8%
Other facilities and providers	45.8%	2.8%	3.4%	3.1%
Total	100.0%	2.4%	2.4%	2.4%

At the end of March 2017, the U.S Food and Drug Administration (FDA) approved Ocrevus⁶ to treat both forms of Multiple Sclerosis (MS). This is the first drug approved for treatment of the primary progressive form of MS. Ocrevus is an intravenous injection that will be administered in an office setting, and will therefore process through the medical claims system. ICD-10 diagnosis codes do not differentiate between the primary progressive (PPMS) and the relapsing (RMS) form of MS and BCBSVT is therefore not able to know the exact number of members with PPMS. Per the National Multiple Sclerosis Society, approximately 15 percent of patients with MS have the PPMS form. We expect that in 2018, 15 percent of our members currently taking medication for MS will move to Ocrevus. With the annual cost estimated at \$65,000 and current eligible population of 120 members, we expect this to increase our projected medical cost by \$1.17M.

	Medical Allowed Charges	Total Medical Cost Trend
Calendar Year 2016	\$373,875,215	
Calendar Year 2017	\$383,023,052	
Calendar Year 2018 - before Ocrevus	\$392,028,540	
Ocrevus	\$1,170,000	
Calendar Year 2018 - after Ocrevus	\$393,198,540	$= (\$393,198,540 / \$373,875,215)^{0.5} - 1$ $= 2.6\%$

Overall Medical Trend

Our selected trend assumptions are 2.0 percent for utilization (including intensity) and 2.6 percent for unit cost increases, resulting in an overall medical trend assumption of 4.7 percent.

⁶ <https://www.fda.gov/newsevents/newsroom/pressannouncements/ucm549325.htm>

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Pharmacy Trend Development

With the emergence of new and expensive specialty drugs, as well as the increasing shift to generics as more brand drugs come off patent, we analyzed the components of trend (cost and utilization) separately for Brands, Generics, and Specialty drugs. We have projected the generic dispensing rate (GDR) based on the brand drugs that are scheduled to lose patent in the next few years. Specialty drugs are very high cost drugs with low utilization. Because of their relative infrequency, it is more appropriate to look at the overall PMPM trends for these drugs rather than separate cost and utilization components. The overall pharmacy trend is then calculated by combining the separate projections.

Non-Specialty Drugs

Exhibit 3D provides the monthly and the 12-month rolling data, along with the corresponding year-over-year and exponential regression trends, for non-specialty drugs. These are shown separately for the generic cost, brand cost, and overall non-specialty utilization categories. The number of days supply, rather than the number of scripts, is used to normalize for changes in the days supply per script (e.g. increased use of 90-day fills). Because there are several popular brand drugs that have become generic during the experience period, or will become generic during the projection period, we have combined the data for generic and brand drugs for the purpose of analyzing utilization patterns (the separate GDR projection is applied to the total projected utilization to arrive at brand and generic components).

The regressions use 24 data points on the monthly data, in order to best capture an adequate amount of the most recent history of drug costs. We selected the regressions for the period ending December 2016 for both Generic and Brand cost trend and for the utilization trend.

As described above, utilization trends should be adjusted for changes in benefits and aging. To calculate the impact of the change in benefit, we compared the utilization regression with and without the benefit adjustment for the period ending December 2016, as shown on Exhibit 3E. We then adjusted the utilization trend for aging.

The utilization trend is 0.5 percent, calculated as follows:

Utilization Trend from Unadjusted Data	3.2%
Adjustment for Benefits (= 1.010/1.032)	0.979
Adjustment for Aging (= 1/1.005)	0.995
Adjusted Utilization Trend (= 1.032 x 0.979 x 0.995)	0.5%

Based on our current distribution of days supply, for all members, and a list of brands expected to move to generic in the period during which these trend rates will be in effect, as provided by ESI, we estimate that GDR will reach 89.9 percent in the projected period, as shown on Exhibit 3F. It is important to note that care must be taken in projecting the GDR to avoid the simplistic assumption that generic shift will continue at historical levels. Generic conversion is a very discrete function - while specific dates for generic launches may be impacted by ongoing litigation, the list of brand drugs losing their patent protection is well-recognized in the

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industry. Furthermore, generic substitution protocols have increased generic substitution rates to well over 99 percent where such switches are clinically viable. For the above reasons, it would be actuarially inappropriate to base a future GDR assumption on a linear projection of past increases, which is why we have chosen to take a far more detailed, and more discrete, approach.

Utilization for brand drugs losing or expected to lose their patent protection from calendar year 2016 through the projection period is summarized by month. Because Average Wholesale Price (AWP) and effective discounts do not change significantly for most new generic drugs until the six-month exclusivity period has closed (that is, when the generic becomes “multi-source”), monthly utilization for the year ending December 2016 is projected through six months following each generic launch date (i.e. we assume the same days of supply in December 2017 as we had in December 2016, and so on). After that time, all utilization is expected to shift to generic. We assume drugs with no generic exclusivity period will switch to generic immediately after the patent expires.

Specialty Drugs

The introduction of new specialty drugs for the treatment of hepatitis C in January 2014 required an adjustment to the trend calculation for specialty drugs. The high cost and variable utilization of the drugs skews the specialty trend, making it lower than we believe is warranted. Other high-cost or high-utilization drugs have also entered the market recently, such as Orkambi, a treatment for cystic fibrosis with an annual cost of almost \$250,000, and PCSK9 inhibitors like Repatha, used to treat high cholesterol in patients with the genetic disease familial hypercholesterolemia (FH). To accurately capture the effect of these new drugs on specialty trend, we removed their claims from the experience to calculate a trend rate to apply to these non-excluded claims. We trended those claims forward at the calculated rate for 24 months, then added back in our projections of claims for the new treatments (hepatitis C drugs, Orkambi, and PCSK9 inhibitors). We used the total restated projected claims to calculate a restated specialty trend.

Exhibit 3G, Page 1 shows the calculation of specialty trend both for all specialty drugs and for specialty drugs excluding the new treatments described above. For our regressions, we chose 24 points of 12-month rolling data to capture the most recent history of drug costs. Rolling 12-months regression is more appropriate for specialty drugs because of the low-frequency, high-cost nature of these drugs. The total specialty trend is 12.8 percent. Removing the large swings in specialty drug spend associated with the new treatments results in a 14.8 percent trend for the remaining specialty drugs.

For the same reasons stated above, we then adjust the results for aging. Using SOA’s report Health Care Cost- From Birth to Death factors, we calculated the average age-gender factors for the members included in the development.

Calendar Year	Member Months	Average Age-Gender Factor	Aging Adjustment
2014	777,458	1.24854	
2015	820,868	1.2516	
2016	844,973	1.2581	$= (1.2581/1.2485)^{0.5} = 1.004$

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To project the expected cost of hepatitis C treatment in the rating period, we began by looking at actual hepatitis C claimants in 2016. Based on the actual claimants, an estimated average 3 months treatment and average cost of \$29,895, we project the 2018 cost for hepatitis C to be \$2.3 million.

PCSK9 inhibitors such as Repatha and Praluent are used to treat high cholesterol. BCBSVT's current policy is to approve PCSK9 inhibitors for the treatment of familial hypercholesterolemia (FH), a genetic disease characterized by very high levels of cholesterol in the blood. Current incidence studies suggest that 200 persons per 100,000 lives are diagnosed with FH after failure of one high-dose statin for 60 days. Another indication for these drugs is for patients who have had a heart attack and then failed two different high-dose statins for 60 days. Based on current membership, we project 10 members will use a PCSK9 inhibitor in 2018. With an annual cost of about \$13,750, the projected total is \$0.14 million.

Orkambi is a drug used in the treatment of cystic fibrosis. In particular, it is used to treat a specific mutation of the disease that is found in roughly 50 percent of cystic fibrosis patients. Orkambi is prescribed to patients age 12 and older. We assumed that 50 percent of our members diagnosed with cystic fibrosis who are at least age 12 will take Orkambi. Orkambi has an annual cost of \$247,000, and we project that 9 members will use it. The projected cost for those members is therefore \$2.2 million.

One final adjustment to the projected specialty claims is to reflect the shift from pharmacy specialty drugs for the treatment of Multiple Sclerosis to a new injectable, Ocrevus, to be administered in a physician's office. As described in the Medical Cost Trend section, we estimate that 15 percent of our members currently taking medication for MS will move to Ocrevus. We are therefore removing 15 percent of the average annual cost of MS medications from the specialty trend to reflect this shift.

To calculate the effective trend, we started with the pharmacy claims from the calendar year 2016 and removed the claims for hepatitis C drugs, PCSK9 inhibitors, and Orkambi. We then trended the remaining claims at a 14.3 percent rate for 24 months, added the incremental cost of hepatitis C treatments, PCSK9 inhibitors, and Orkambi, and removed impact of the shift due to Ocrevus for a total restated projected claim amount. Using this method, the restated effective specialty drug trend is 14.0 percent. See Exhibit 3G, Page 2 for details.

Overall Pharmacy Trend

Exhibit 3H summarizes the trends calculates our total allowed pharmacy trend as 8.9 percent. Note that changes in pharmacy contracts are discussed separately in section 3.4.6.

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Vision and Dental Trend Development

Dental Trend

The pediatric dental benefit was a new benefit provided by BCBSVT in 2014 as part of the Essential Health Benefits (EHB). The allowed PMPM trend has been high and continues to increase as members become more familiar with the benefit.

Calendar Year	PMPM	Trend
2014	1.49	
2015	1.65	10.7%
2016	1.82	10.2%

We decided to blend the 2016 and 2015 increases with a 2:1 ratio. The total projected trend is therefore 10.3 percent. For the purpose of the index rate build up, we split the total projected trend equally between cost and utilization.

Vision Trend

The pediatric vision benefit was also introduced in 2014 as part of the EHB. Some groups had previous vision coverage but members previously in an individual product did not get vision benefits through BCBSVT. The allowed PMPMs have been very consistent since 2014 and we believe that they will continue to be consistent in the future. The total projected trend for pediatric vision is 0.0 percent.

Calendar Year	PMPM
2014	0.11
2015	0.11
2016	0.09

Overall Total Trend

To adjust the Experience Period Index Rate for the trend factors described above, we started with the experience period claims, adjusted for changes in network and impact of the change in the Small Group definition, and applied cost and utilization to Medical, Pharmacy, Dental and Vision claims. The resulting factors ($1+d_1$ and $1+d_2$ on Exhibit 5) are calculated on Exhibit 3I.

3.5. Credibility of Experience

BCBSVT's experience period had 844,973 member months and is therefore fully credible.

3.6. Credibility manual rate development

Since BCBSVT's experience is fully credible, no manual rate was needed in the development of rates for the experience period EHB.

3.6.1. Source and Appropriateness of Experience Data Used: Not Applicable

3.6.2. Adjustments Made to the Data: Not Applicable

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3.6.3. Inclusion of Capitation Payments: Not Applicable

3.7. Market Adjusted Index Rate

The Market Adjusted Index Rate (line H of Exhibit 5) is \$611.22. This is calculated by adjusting the Projected Index Rate (line F of Exhibit 5, \$611.21) for allowable market-wide modifiers described below.

3.7.1. Projected Risk Adjustments PMPM:

On April 11, 2017, CMS published an Interim Summary Report on Risk Adjustment for the 2016 benefit year⁷. Since Vermont was deemed to be eligible for the interim report, we received preliminary information on the state averages and BCBSVT detailed information. On April 25, 2017, we received information from Lewis & Ellis on the data included in the 2015 and 2016 interim reports for both issuers in Vermont. On May 3, 2017, BCBSVT received its final plan by plan results based on the final EDGE server submission for calendar 2016.

Through the past few years, we have observed that BCBSVT plan average liability risk score (PLRS) has not been increasing as rapidly as that of the other Vermont QHP carrier, MVP. We believe that this is due to the fact that BCBSVT has not historically engaged in coding optimization initiatives. This hypothesis is supported by observed changes from the interim to final report in 2015. As shown on Exhibit 4, risk score changes from the interim to the final report can be parsed into completion and supplemental diagnoses. Because BCBSVT did not submit a supplemental diagnosis file in 2015, we can reasonably conclude that the difference in the completion from interim to final report is due to MVP's supplemental diagnosis file.

In light of the recent risk adjustment program results, BCBSVT has decided to start reviewing charts and ensuring that all diagnoses are included on the claims or in a supplemental files. Those efforts were reflected in the final EDGE data submitted in 2016, and have also been reflected in our projection of the 2016 transfer. BCBSVT estimates the 2016 transfer payment to be a \$792,942 receivable for BCBSVT.

To project the 2018 transfer payments, we assumed that BCBSVT's supplemental diagnosis results would converge toward MVP's over time as our coding initiatives come up to speed, as demonstrated on Exhibit 4. The projected overall risk adjustment transfer for 2018 is \$113,132 receivable for BCBSVT, or -\$0.13 PMPM.

Since the Market Adjusted Index Rate is on an allowed claims basis, we adjusted the net projected risk adjustment payment by the average paid to allowed ratio (from Exhibit 6C).

As described in the Final Notice of Benefits and Payment Parameters for 2018 rule, the per capita risk adjustment user fee, used to fund the HHS-risk adjustment program, is \$1.68 per enrollee per year. See 81 Fed. Reg. 94058 (December 22, 2016).

The overall market-wide adjustment (line g₁ of Exhibit 5) for the risk adjustment program is \$0.01 as shown on Exhibit 4.

⁷ https://www.cms.gov/CCIIO/Programs-and-Initiatives/Premium-Stabilization-Programs/Downloads/InterimRARReport_BY2016_5CR_033117.pdf

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3.7.2. Exchange User Fees

BCBSVT does not expect Vermont Health Connect to charge a user fee for 2018.

3.8. Plan Adjusted Index Rates

3.8.1. Plan Adjustment - Actuarial Value and Cost Sharing adjustment

This plan adjustment, as shown on Exhibit 6A, is informed by two factors:

- Benefit Richness Adjustment
- Paid to Allowed Ratio

The experience used to calculate the benefit richness adjustment and the paid to allowed ratio is our calendar year 2016 data, adjusted by the network, changes in Small Group definitions and trend factors ($1+b_1$, $1+c_2$, $1+d_1$, $1+d_2$ of Exhibit 5). To better model family benefits, we only included members who maintained their tier type (Single versus Family) throughout the year. This adjusted experience was then used to model each plan. The model re-adjudicates claims by starting with the allowed charges and applying appropriate cost sharing for each service. The model generates the projected average paid claims for each benefit, which is used to calculate a paid to allowed ratio.

3.8.1.1. Benefit Richness Adjustment

The Benefit Richness Adjustment is the counterpart of the Change in Benefit projection factor ($1+c_1$ line on Exhibit 5) described in Section 3.4.4. This factor represents the different projected utilization for each plan based solely on benefit design. To calculate this adjustment, we first calculated a base paid to allowed ratio, to which the HHS formula for induced utilization was applied.

For this factor, we summarized the data described above by subscriber and re-adjudicated the claims for each plan to calculate a subscriber level paid to allowed ratio. We then applied the HHS Induced Utilization formula ($IU=AV^2-AV+1.24$) to the base paid to allowed ratio.

These factors were normalized using the projected membership to ensure that the total adjustment was 1.000. The plan level adjustment for benefit richness calculated by applying the benefit richness adjustment to vary by base benefit and 1.000 for non-system claims, pediatric dental claims, pediatric vision claims and market-wide adjustment. See Exhibit 6B for details.

3.8.1.2. Paid to Allowed Ratio

To calculate the paid to allowed ratio, we adjusted the starting allowed charges described in the previous section by the benefit richness adjustment and re-adjudicated the benefits. The paid to allowed ratios include the impact of family deductibles and out of pocket maximums. We then added the additional EHB paid and allowed, and the non-system claims and market-wide adjustment amounts in both paid and allowed. Finally, we calculated the overall expected paid to allowed ratio. Please see details in Exhibit 6C.

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In the URRT, the Paid to Allowed Average Factor is the weighted average expected claims cost, including non-EHB benefit and excluding market-wide adjustments (\$485.07) divided by projected allowed charges (\$611.31). As shown in Section 3 of Worksheet 1 of the URRT, the paid to allowed average factor is 79.3 percent.

3.8.2. Provider Network, Delivery System and Utilization Management adjustment: Not Applicable

3.8.3. Adjustment for benefits in addition to the EHBs:

As of January 1, 2017, BCBSVT removed an exclusion for routine circumcision. Based on recent information from the American Academy of Pediatrics, there is new evidence that “the health benefits of newborn male circumcision outweigh the risks, but the benefits are not great enough to recommend universal newborn circumcision.”⁸ On the basis of this evidence, our Medical Directors have recommended that we add coverage for this procedure. Based on historical data from groups that had already removed the exclusion, we estimate the additional cost to be \$0.10 PMPM of allowed charges. Applying the same paid to allowed ratio to this benefit as to the EHB benefit, we calculate an adjustment of 1.0002, as shown on Exhibit 6A.

3.8.4. Impact of specific eligibility categories for the catastrophic plan

This plan adjustment includes two components of the impact of the specific eligibility categories for the catastrophic plan. Both of these adjustments are based on the eligible population. The eligible population includes Vermont residents that are under age 30 and residents age 30 and over who are granted a hardship exemption by Vermont Health Connect. We used our current enrollment in the Catastrophic plan as a proxy for eligibility and adjusted the projected members that would qualify under the hardship rule to account for the increase premiums. We project that 96.9 percent of the population eligible for this product will be under age 30.

To adjust for the eligible population, we first calculated the adjustment for the impact on the pricing actuarial value of the expected lower allowed charges of the group eligible to enroll in the catastrophic plan. This was calculated by splitting the experience used to calculate the Pricing Actuarial Value into two populations (Under and Over 30) and re-adjudicating for the catastrophic benefit. Using the projected eligible members as weights, we calculated that the overall expected allowed charges are 0.5691 of the total allowed charges. We then adjusted the paid to allowed ratio based on the weighted average paid to allowed ratio from both populations. This factor is 0.8945.

These factors were applied to the EHB portion of the Projected Period Index Rate. Because this adjustment doesn’t impact the Non-System claims and Market Wide Adjustment, we calculated the Expected Claims cost and backed into the plan level adjustment for the impact of eligibility.

The total adjustment for the specific eligibility categories for the catastrophic plan is 0.5045. See Exhibit 6D for details.

⁸ <https://www.aap.org/en-us/about-the-aap/aap-press-room/pages/newborn-male-circumcision.aspx>

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3.8.5. Adjustment for distribution of the administrative costs

3.8.5.1. Administrative Expense Load:

BCBSVT Administrative Expense load was not initially calculated as a percent of premium adjustment. This adjustment is the sum of the following fees:

BCBSVT Base Administrative Charges

To develop the Base Administrative Expenses PMPM, we used calendar year 2016 data from both individual and small group members enrolled in a QHP. The starting PMPM for the base administrative charges is \$33.28 PMPM.

For this filing, we have also removed any expenses incurred due to one-time, non-recurring events, as these fees are not expected to continue into the projection period.

The QHP population is comprised of individuals who can choose to enroll through the Vermont Health Connect (VHC) website or directly with BCBSVT, and small groups that enroll directly with BCBSVT. The experience period base administrative for individuals was \$38.10 PMPM compared to \$29.53 PMPM for members in small groups. Because we do not expect the proportion of membership choosing to enroll directly with BCBSVT to change materially from the experience period to the projection period, we are not making an explicit adjustment to administrative charges this year based on the differences in administrative costs.

The remaining charges (\$32.97 PMPM) are projected to 2018 using a 2.4 percent annual trend. This projection factor is intended to make reasonable but modest provision for increases in overall operating costs PMPM. We assume that personnel costs (wages and benefits) will increase by 3 percent annually, the budgeted wage increase for 2017, over the projection period. Other operating costs are assumed to remain flat. We have calculated that 81.5 percent of our administrative costs are for salaries and benefits. We are therefore increasing our projected administrative expenses by the weighted average of 2.4 percent per annum.

		BCBSVT Totals	Percent of Total
Employee costs:	$A = a_1 + a_2$	\$42,814,059	57.8%
Salaries and taxes	a_1	\$31,248,987	
Benefits	a_2	\$11,565,072	
Purchased services	B	\$21,586,218	29.1%
Other operating costs	C	\$9,719,960	13.1%
Total Administrative Expenses	$A + B + C$	\$74,120,238	100.0%
BCBSVT Personnel Cost	$A / (A + C)$		81.5%

While enterprise-wide membership is expected to increase from 2016 to 2018, that increase is almost exclusively attributable to self-funded lines of business. Because BCBSVT allocates fixed expenses on the basis of capital requirements, this increase in membership is expected to have a negligible impact on the QHP line of business.

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Summary of Base Administrative Charges Calculation

Experience Base Administrative Charges	A	\$33.28
Exclusion of non-recurring expenses	B	(\$0.31)
Trend Projection (2 years)	C	1.0495
Projected Base Administrative Charges	$D = (A-B) \times C$	\$34.60

Charges for Outside Vendors

- **CBA Dental and VSP Vision**
These benefits are being administered by third party administrators. The administrative fees are charged for eligible members only. The ratio of eligible members to total members, based on the projected QHP population split between adult and child, was applied to get the per member per month charge.
- **Health Equity**
All QHP members are eligible for HRA and/or HSA Integration service. For plans with an HSA-compatible benefit design, we offer a service to integrate with the mechanics of depositing monies into and paying for claims out of Health Savings Accounts (HSA). All plans are also eligible for this service with Health Reimbursement Accounts (HRA). To calculate these fees, we used the experience of members that are already enrolled in this program and compared it to all members enrolled in a QHP plan in the first quarter of 2017.
- **Blue Rewards Program**
Under this program, BCBSVT will reward members with credits via a debit card for the following wellness activities:
 - Completing an online health assessment
 - Participate in the workshop or challenge
 - Having a physical exam
 - Having a routine eye or dental exam

Based on participation projection from the Marketing and Product department, we estimate that the cost of this program to be \$3.21 PMPM for Blue Rewards plans only.

The total of all administrative charges outlined in this section is 6.5 percent of premium. The details of the administrative charges are on Exhibit 7A.

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3.8.5.2. Profit (or Contribution to Reserves) & Risk Margin:

Contribution to Reserves

The filed rates include a two percent contribution to reserves (CTR). A contribution to reserves is required in order to maintain an adequate level of surplus. Surplus is a critical consumer protection that allows subscribers to receive needed care and providers to continue to receive payments in the event of unforeseen adverse events that may otherwise impact BCBSVT's ability to pay claims. We believe that a long-term CTR of two percent represents an adequate, yet not excessive, contribution to reserves. CTR at this level allows us to manage short-term fluctuations in order to maintain Risk-Based Capital (RBC) levels that are within our established, modest target range.

As demonstrated in section 1 of Exhibit 7B, a contribution to reserves of 3.2 percent would be required to maintain RBC levels in light of projected increases in total claims costs in QHP products during 2018.

BCBSVT believes that CTR should be managed to an adequate long-term level, rather than fluctuating significantly from year to year with changes in membership and health care cost trend. For this reason, we have continued to file a CTR of 2.0 percent for 2018. It is our expectation that our future filings will also include a 2.0 percent contribution to reserves. While the long-term CTR target may exceed or fall below that required to maintain RBC in any given year, maintaining an adequate long-term assumption will allow us to avoid rate shocks in years of high growth in projected claims costs, such as 2018.

An adequate long-term contribution to reserves should exceed the minimum required to keep pace with increases in total claims costs. While best estimate assumptions are by definition expected to lead to equal likelihood of gains and losses, unexpected events or periods of sustained losses may lead to financial deterioration of sufficient magnitude to render a company insolvent. This is the basic tenet of classical ruin theory.

Maintaining an adequate RBC level is critical for any insurer. Consequences of low RBC include reduced flexibility in responding to customer needs, a need for higher margins in rates in order to avoid further deterioration, and a reduced ability to attract or retain business or to handle membership growth. Stability is particularly important in times of unprecedented change, such as the continuing evolution of Vermont Health Connect and the health care reform environment.

BCBSVT must remain financially strong in order to continue to provide Vermonters with access to high quality care, outstanding member experiences, and responsible cost management. We are therefore filing for a 2.0 percent contribution to reserve, which represents the long-term level necessary to maintain Risk-Based Capital (RBC) levels that are within our established, modest target range in the face of short-term health care claims cost fluctuations.

Other Risk Margin

Under the ACA, enrollees who are receiving Advance Premium Tax Credits (APTC) have a three-month grace period to pay premiums, while enrollees who are not receiving APTC have a one-month grace period. For both these populations, the State requires the insurer to pay for claims incurred in the first month of the grace period even if premium is never collected. This

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uncollected premium is considered bad debt. To ensure that BCBSVT collects enough premium from the total pool to cover the 30-day grace periods, we need to include a risk margin for bad debt. We have added a margin of 0.20 percent, which is the 3-year average of uncollected premium due to the grace periods.

Details of Contribution to Reserve and Risk Margin for Bad Debt by product are on section 2 of Exhibit 7B.

3.8.5.3. Taxes and Fees:

The proposed rates include on average 3.8 percent in taxes and fees. These taxes and fees are imposed by both the state and federal government.

Green Mountain Care Board Billbacks

On May 2, 2017, BCBSVT received the estimated 2018 PMPM reflecting both the increase in GMCB's billback amounts and the proposed new allocation method. We have included the GMCB's estimate of \$1.42 PMPM for BCBSVT in this filing.

Health Care Claims Tax

The Health Care Claims Tax (HCCT) levied by the State of Vermont totals 0.999 percent of claims.

Patient-Centered Outcomes Research Institute Fee

This fee is part of the Affordable Care Act and applies to all plan years ended after September 30, 2012. We estimate the fee to be \$2.44 annually and therefore, we will include a \$0.20 PMPM charge in the rate calculation. This estimate will be updated once additional information is received.

Federal Insurer Fee

The Federal Insurer Fee is intended to help pay for some provisions in the Affordable Care Act. This fee is only applicable to Fully Insured Groups. The Consolidated Appropriation Act of 2016 temporarily suspended this fee for 2017 only. For the 2018 QHP rate filing, this fee is estimated at 2.6 percent of premium.

		2018
Projected Fully Insured Premium subject to the Federal Insurer Fee	a	\$593,391,000
Total Industry Assessment for Federal Insurer Fee	b	\$14,300,000,000
BCBSVT Portion of Total Assessment (based on 2016 information)	c	0.1%
Projected BCBSVT Federal Insurer Fee, grossed up for Federal Income Tax (20%)	$d = b \times c / 0.8$	\$12,130,000
Estimated Required Charge as a percent of Total Premium	$e = d / a$	2.6%

Details of the Taxes and Fees by product are on Exhibit 7C.

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3.8.6. AV Pricing Values

As described in the 2018 Unified Rate Review Instructions, the AV Pricing Value “represents the cumulative effect of adjustments made by the issuer to move from the Market Adjusted Index Rate to the Plan Adjusted Index Rate”. These adjustments are described in detail in preceding parts of Section 3.8. See Exhibit 7D for details by product.

3.8.7. Calibration

Age, Tobacco, and Geographic factors are not allowed in Vermont. Therefore no calibration is required.

3.8.8. Projected Loss Ratio

Per CMS instructions dated May 2, 2017, the MLR calculation will be performed at the combined market level with a minimum requirement of 80 percent. We project that the overall Loss Ratio, using the federally prescribed MLR methodology for the combined market, will be 88.5 percent. See Exhibit 8 for details.

3.9. Consumer Adjusted Premium Rate Development

The Consumer Adjusted Premium rates are displayed on Exhibit 9B. Since rate factors for age, tobacco and geography are not allowed in Vermont, the only adjustment is the application of rating tier factors. Vermont has predetermined the tier factors for QHP plans.

For this filing, we made two modifications from the previous filing method. First, we calculated a contract conversion factor specifically for the catastrophic plan and one for all other plans. Second, we observed that using the same contract conversion factor on all plans did not produce the same total premium when multiplying members and PMPM and when multiplying contracts and rates. This is due to not all plans having the same distribution in each tier and not all plans receiving the same annual rate increase.

To correct this, we are calculating the contract conversion factor in two steps. First, we calculate preliminary rates by tiers by using the simple ratio of average number of members to subscribers to average tier factors for all plans except Catastrophic. We then compare the total premium from multiplying members by PMPM and contracts by rates and adjust the contract conversion factor to ensure that we collect the total required annual premium. Please see Exhibit 9A for details calculation of the contract conversion factor.

The Consumer Adjusted Premium Rates are shown on Exhibit 9B.

3.10. Small Group Plan Premium Rates

All Small Groups must renew on 1/1/2018 according to the combined market rules. BCBSVT will not file small group rates for Q2-Q4 2018.

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4. ADDITIONAL INFORMATION

4.1. Terminated Products

BCBSVT will not be terminating any product prior to 01/01/2018.

4.2. Plan Type

Our plan type is EPO.

4.3. Warning Alerts

There are no warning alerts in the Unified Rate Review Template.

5. RELIANCE AND ACTUARIAL CERTIFICATION

5.1. Reliance

For the metallic AV values of the standard plans we relied upon the certification provided by Julie A. Peper, FSA, MAAA, Principal and Senior Consulting Actuary with Wakely Consulting. (Attachment A)

5.2. Actuarial Certification

The purpose of this rate filing is to provide the rates and a description of the rate development for the Qualified Health Plans that Blue Cross and Blue Shield of Vermont (BCBSVT) is proposing to offer in 2018. These calculations are not intended to be used for any other purpose. This memorandum documents the methodology used to calculate the AV Metal Value for each Qualified Health Plan offered by BCBSVT in 2018, the appropriateness of the essential health benefit portion of premium upon which advanced payment of premium tax credits (APTCs) are based, that the Index Rate is developed in accordance with federal regulations, and that the Index Rate along with allowable modifiers are used in the development of plan specific premium rates.

I, Paul A. Schultz, am a Fellow of the Society of Actuaries, a Member of the American Academy of Actuaries, meet the Qualification Standards for Actuaries Issuing Statements of Actuarial Opinion in the United States promulgated by the American Academy of Actuaries, and have the education and experience necessary to perform the work described herein.

In my opinion, the projected Index Rate is in compliance with all applicable State and Federal Statutes and Regulations (including 45 CFR 156.80 and 147.102), has been developed in compliance with the applicable Actuarial Standards of Practice, is reasonable in relation to the benefits provided and the population anticipated to be covered, and is neither excessive nor deficient. The calculations and results are appropriate for the purpose intended.

The Index Rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates. The percent of total premium that

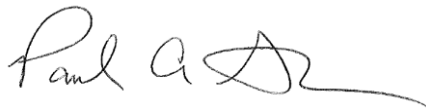
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represents essential health benefits included in Worksheet 2, Sections III and IV, was calculated in accordance with actuarial standards of practice.

I have relied upon the certification of AV Metal Value provided by the State for Standard Plans, and attached hereto. Metal AVs for Blue Rewards (Non-Standard) Plans were determined using the AV calculator, or in accordance with the requirements of 45 CFR 156.135(b)(3), as described in the attached actuarial certification.

Data used in this filing were reviewed for reasonableness, but no audit was performed.

The Part I Unified Rate Review Template does not demonstrate the process used by the issuer to develop the rates. Rather, it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for federally facilitated exchanges, and for certification that the Index Rate is developed in accordance with Federal regulation, is used consistently, and is only adjusted by the allowable modifiers.

A handwritten signature in black ink, appearing to read "Paul A. Schultz", with a stylized flourish at the end.

Paul A. Schultz, F.S.A., M.A.A.A.
Chief Actuary
Blue Cross and Blue Shield of Vermont
May 12, 2017

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PLAIN LANGUAGE SUMMARY

Blue Cross and Blue Shield of Vermont (BCBSVT) is committed to the health of Vermonters, outstanding member experiences and responsible cost management for all of the people whose lives we touch. By pooling the populations covered by our products, we protect individuals from the unaffordable and potentially ruinous costs associated with significant illnesses or injuries. Our products promote preventive care, health maintenance and health improvement, and we have in place strong care management programs that support members who require medical care and assure that they have access to high value care while avoiding unnecessary costs.

BCBSVT also works with providers to dampen cost increases through reimbursement strategies that include incentives to both provide and properly manage care. BCBSVT's vision is a transformed health care system in which every Vermonter has health care coverage, and receives timely, effective, affordable care. None of this work is possible unless BCBSVT remains financially strong, and that requires that we be allowed to charge rates that cover the cost of the health care of the populations we serve.

The purpose of this rate filing is to provide the rates and a description of the rate development for Qualified Health Plans (QHPs) that Blue Cross and Blue Shield of Vermont (BCBSVT) is proposing to offer effective January 1, 2018.

There are 42,357 contracts (70,035 members) currently enrolled in a BCBSVT QHP.

BCBSVT is proposing an average rate increase of 12.7 percent across all QHPs. Increases for specific QHPs range from 11.1 percent to 14.6 percent, except for the Catastrophic plan, which is increasing by 5.8 percent.

In the absence of mandated changes associated with federal and state regulation, a 9.6 percent increase would have been requested. Various assumptions drive the increase:

- The starting point of any renewal rate analysis is an assessment of actual to expected claims cost experienced by the covered population. The basis for this rate filing is calendar year 2016 experience. That experience was higher than was expected in the 2017 rate filing, and the higher baseline leads to a 1.9 percent increase in 2018 rates.
- Amounts that providers are paid are expected to increase for the balance of 2017 and into 2018, generating a premium increase of 3.0 percent.
- Vermonters have been using more services and more expensive services in recent years. We are projecting this trend to continue through 2018, driving a further premium increase of 2.8 percent.
- Primarily driven by the aging of the population and an observed increase in average family size, BCBSVT assumes that members who have or will enroll in our QHPs in 2018 will have higher claims than members in the experience period of 2016, leading to a premium increase of 2.1 percent.
- BCBSVT continues to negotiate contract improvements with its pharmacy benefit manager. The combination of enhanced rebates through a change in formulary and previously negotiated discount improvements reduces the premium by 0.6 percent.

BLUE CROSS BLUE SHIELD OF VERMONT 2018 VERMONT QUALIFIED HEALTH PLANS RATE FILING PLAIN LANGUAGE SUMMARY

- An increase in administrative costs per member per month increased premium by 0.3 percent. BCBSVT administrative expenditures for members included in this filing amount to 6.5 percent of premium.
- Other adjustments to the assumptions used in the 2018 rate development cumulatively have the effect of reducing the required rate increase by 0.2 percent.

Mandated changes associated with the federal and state regulation combined for a net increase to premium of 2.8 percent:

- The Federal Insurer Fee was temporarily suspended for 2017, but returns in 2018. Our estimate of the Fee is 2.6 percent. Coupled with a modest decrease in our expected federal risk adjustment program transfer amount, increases directly attributable to federal programs result in a premium increase of 2.9 percent.
- Some deductibles, out-of-pocket maximums and co-pays in QHPs remain unchanged from 2017 to 2018. As overall costs increase and the amounts that members pay in cost-sharing contributions stay the same, more of the total cost is transferred to premiums. This impact of 0.8 percent on premium was offset by a 1.1 percent decrease due to plan changes implemented by BCBSVT and the State of Vermont, for a net premium decrease of 0.3 percent.
- Starting in 2018, BCBSVT will be required to pay a greater share of the total funding of the Green Mountain Care Board. This increase in state assessments has a rate impact of 0.3 percent.

BCBSVT started selling QHPs in January 2014. In its first three years, this line of business represented \$998 million of earned premium. Due to higher-than-expected actual costs, the line of business has incurred a cumulative loss of 1.5 percent. BCBSVT has not included any additional contribution to member reserves to offset this loss.

BCBSVT understands the importance of adequately funding our health care system, to keep it strong and accessible. Since the factors driving this rate increase are almost entirely driven by the cost and utilization of health care in Vermont, we believe that there is no way to further reduce these rates without underfunding the health care coverage on which Vermonters rely.

It should be noted that the funding from the federal government of the Cost Share Reduction (CSR) program for calendar year 2018 is uncertain. Meanwhile, the U.S. House of Representatives has passed the American Health Care Act, which would implement a great many changes on the 2018 QHP market, several of which would have an impact on pricing. This filing was prepared assuming full funding of the CSR program and no changes to current law.

I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and, to the best of my knowledge, the filing complies with all applicable statutory and regulatory provisions for the state of Vermont

A handwritten signature in cursive script, appearing to read "Ruth Greene", is written over a horizontal line.

Ruth Greene
Vice President, Treasurer & Chief Financial Officer

5/12/17

Date

Unified Rate Review v4.2

Company Legal Name: **Blue Cross and Blue Shield of VT**
 HIOS Issuer ID: **13627** Market: **Combined**
 Effective Date of Rate Change(s): **1/1/2018**

Market Level Calculations (Same for all Plans)

Section I: Experience period data

Experience Period:	1/1/2016	to	12/31/2016
	Experience Period		
	Aggregate Amount	PMPM	% of Prem
Premiums (net of MLR Rebate) in Experience Period:	\$386,227,017	\$462.20	100.00%
Incurred Claims in Experience Period	\$358,544,417	429.08	92.83%
Allowed Claims:	\$446,865,647	534.77	115.70%
Index Rate of Experience Period	\$534.77		
Experience Period Member Months	835,621		

Section II: Allowed Claims, PMPM basis

Experience Period					Projection Period: 1/1/2018 to 12/31/2018				Mid-point to Mid-point, Experience to Projection: 24 months							
on Actual Experience Allowed					Adj't. from Experience to Projection Period				Projections, before credibility Adjustment					Credibility Manual		
Benefit Category	Utilization Description	Utilization per 1,000	Average Cost/Service	PMPM	Pop'l risk Morbidity	Other	Cost	Util	Utilization per 1,000	Average Cost/Service	PMPM	Utilization per 1,000	Average Cost/Service	PMPM		
Inpatient Hospital	Admits	53.92	\$21,804.11	\$97.98	1.002	0.996	1.026	1.030	57.35	\$22,870.25	\$109.30	0.00	\$0.00	\$0.00		
Outpatient Hospital	Services	3,680.06	674.06	206.71	1.002	0.997	1.026	1.030	3,913.77	707.31	230.69	0.00	0.00	0.00		
Professional	Visits	9,592.69	147.55	117.95	1.002	0.993	1.026	1.030	10,201.88	154.24	131.13	0.00	0.00	0.00		
Other Medical	Visits	1,579.54	171.23	22.54	1.002	0.997	1.028	1.033	1,688.17	180.31	25.37	0.00	0.00	0.00		
Capitation	Benefit Period	17,928.42	5.25	7.85	1.002	0.622	1.026	1.030	19,066.97	3.44	5.47	0.00	0.00	0.00		
Prescription Drug	Prescriptions	14,229.03	68.93	81.74	1.002	1.103	1.084	1.015	14,690.85	89.33	109.36	0.00	0.00	0.00		
Total				\$534.77							\$611.31			\$0.00		
												After Credibility	Projected Period Totals			
Section III: Projected Experience:																
Projected Allowed Claims PMPM (w/applied credibility if applicable)												100.00%	0.00%	\$611.31	\$513,756,227	
Paid to Allowed Average Factor in Projection Period														0.793		
Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM														\$485.07	\$407,663,562	
Projected Risk Adjustments PMPM														0.01	8,404	
Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM														\$485.06	\$407,655,158	
Projected ACA reinsurance recoveries, net of rein prem, PMPM														0.00	0	
Projected Incurred Claims														\$485.06	\$407,655,158	
Administrative Expense Load													6.51%	36.06	30,307,367	
Profit & Risk Load													2.20%	12.19	10,245,571	
Taxes & Fees													3.76%	20.82	17,499,693	
Single Risk Pool Gross Premium Avg. Rate, PMPM														\$554.14	\$465,707,789	
Index Rate for Projection Period														\$611.21		
% increase over Experience Period														19.89%		
% Increase, annualized:														9.49%		
Projected Member Months															840,420	

Information Not Releasable to the Public Unless Authorized by Law: This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Blue Cross and Blue Shield of Vermont
13627
1/1/2018

State: VT
Market: Combined

Section I: General Product and Plan Information

[illegible]

Plan ID (Standard Component ID):
Inpatient

[illegible]

	Plan ID (Standard Component ID):
e	Plan Adjusted Index Rate

Number Members	835,622	110,830	63,893	77,558	19,011	63,240	29,708	1,940	40,940	26,562	115,900	14,630	43,885	13,317	15,511	12,565	75,565	29,718	6,817	44,117	20,145
Total Premium (TP)	\$385,122,614	\$76,726,728	\$31,821,493	\$33,673,228	\$6,979,347	\$28,124,231	\$10,617,884	\$430,148	\$21,737,581	\$16,813,607	\$50,915,265	\$5,179,095	\$18,418,424	\$4,838,008	\$5,241,298	\$3,991,108	\$18,492,728	\$24,246,145	\$4,122,728	\$13,934,750	\$7,240,833
Per Person of TP: See instructions	99.98%	99.97%	99.99%	99.97%	99.93%	99.99%	99.99%	100.00%	100.00%	99.99%	99.98%	100.00%	99.98%	99.98%	99.99%	99.99%	99.99%	99.99%	100.00%	99.99%	99.98%
State-mandated benefits portion of TP are:																					
Other than FICA	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other than FICA and FICA	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP:	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other than FICA and FICA	\$446,846,244	\$77,373,728	\$32,813,763	\$29,339,244	\$6,944,244	\$28,124,231	\$10,617,884	\$430,148	\$21,737,581	\$16,813,607	\$50,915,265	\$5,179,095	\$18,418,424	\$4,838,008	\$5,241,298	\$3,991,108	\$18,492,728	\$24,246,145	\$4,122,728	\$13,934,750	\$7,240,833
Per Person of TP: See instructions	99.98%	99.97%	99.99%	99.97%	99.93%	99.99%	99.99%	100.00%	100.00%	99.99%	99.98%	100.00%	99.98%	99.98%	99.99%	99.99%	99.99%	99.99%	100.00%	99.99%	99.98%
State-mandated benefits portion of FICA that are:																					
Other than FICA	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of FICA	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Portion of above payments that are not insured in	\$88,385,184	\$15,267,010	\$4,678,027	\$7,374,472	\$2,213,872	\$6,164,588	\$3,548,083	\$123,044	\$5,046,732	\$3,192,348	\$12,733,402	\$1,626,612	\$6,306,794	\$1,539,900	\$1,250,474	\$1,121,944	\$7,975,444	\$866,116	\$5,136,798	\$956,164	\$1,528,738
Net amount of above payments by HMO's funds on behalf of insured persons, in dollars	\$7,790,822	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$9,491,439	\$0	\$1,284,613	\$450	\$0	\$0	\$0	\$0	\$1,588,613	\$0	\$4,738
Portion of above payments by HMO on behalf of insured persons, in dollars	\$8,820	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$21,745	\$0	\$2,740	\$0	\$0	\$0	\$0	\$0	\$2,740	\$0	\$0
Total allocated claims payable by HMO's funds on behalf of insured persons, in dollars	\$358,498,896	\$71,106,738	\$36,489,480	\$31,387,622	\$5,788,222	\$28,124,231	\$10,617,884	\$430,148	\$21,737,581	\$16,813,607	\$50,915,265	\$5,179,095	\$18,418,424	\$4,838,008	\$5,241,298	\$3,991,108	\$18,492,728	\$24,246,145	\$4,122,728	\$13,934,750	\$7,240,833
Total allocated claims payable by HMO's funds on behalf of insured persons, in dollars	\$8,820	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$21,745	\$0	\$2,740	\$0	\$0	\$0	\$0	\$0	\$2,740	\$0	\$0
Net amount of loss	\$4,922,003	\$269,673	\$139,295	\$178,883	\$54,774	\$25,977,008	\$3,986,838	\$0	\$4,787	\$2,305,977	\$396,973	\$1,988,800	\$1,155,284	\$0	\$772,537	\$28,180	\$134,902	\$28,771,214	\$1,506,521	\$0	\$138,808
Net amount of loss	\$131,265	\$7	\$454,547	\$2,732,674	\$1,																

Plan ID (Standard Component ID):
Plan Adjusted Index Rate

[illegible]

BLUE CROSS AND BLUE SHIELD OF VERMONT
2018 VERMONT QUALIFIED HEALTH PLANS RATE FILING

Exhibit 1A

STATE OF VERMONT STANDARD PLAN DESIGNS

	Platinum	Gold	Silver	Silver	Bronze	Bronze	Bronze
	Standard	Standard	Standard	Standard	Standard	Standard	Standard
Deductible/OOP Max	Deductible	Deductible	Deductible	CDHP	Deductible	CDHP	Integrated
Medical Ded	\$300	\$850	\$2,600	\$1,550	\$5,000	\$5,250	\$7,350
Rx Ded	\$0	\$100	\$300	Combined	\$900	Combined	Combined
Integrated Ded	No	No	No	Yes	No	Yes	Yes
Medical OOPM	\$1,300	\$4,500	\$6,800	\$6,400	\$7,350	\$6,550	\$7,350
Rx OOPM	\$1,300	\$1,300	\$1,300	\$1,350	\$1,300	\$1,350	Combined
Integrated OOPM	No	No	Yes	Yes	Yes	Yes	Yes
Family Deductible / OOP	Stacked, 2x Family	Stacked, 2x Family	Stacked, 2x Family	Aggregate, 2x Family, Embedded Individual OOPM of \$7,350	Stacked, 2x Family	Aggregate, 2x Family, Embedded Individual OOPM of \$7,350	Stacked, 2x Family
Medical Deductible waived for:	Preventive Care, Office Visits, Urgent Care, Ambulance, Pediatric Dental Class I, Vision	Preventive Care, Office Visits, Urgent Care, Ambulance, Pediatric Dental Class I, Vision	Preventive Care, Office Visits, Urgent Care, Ambulance, Pediatric Dental Class I, Vision	Preventive Care	Preventive Care, Pediatric Dental Class I	Preventive Care	Preventive Care, Office Visits, Pediatric Dental Class I
Drug Deductible waived for:	N/A	Generic Scripts	Generic Scripts	Wellness Scripts	N/A	Wellness Scripts	Generic Scripts
Service Category							
Preventive	\$0	\$0	\$0	0%	\$0	0%	0%
PCP Office Visit	\$10	\$15	\$25	10%	\$35	50%	\$40
MH/SA Office Visit	\$10	\$15	\$25	10%	\$35	50%	\$40
Specialist Office Visit	\$30	\$30	\$75	30%	\$90	50%	\$100
Urgent Care	\$40	\$40	\$85	30%	\$100	50%	0%
Ambulance	\$50	\$50	\$100	30%	\$100	50%	0%
DME	10%	30%	40%	30%	50%	50%	0%
ER	\$100	\$150	\$250	30%	50%	50%	0%
Radiology (MRI, CT, PET)	10%	30%	40%	30%	50%	50%	0%
Outpatient	10%	30%	40%	30%	50%	50%	0%
Inpatient	10%	30%	40%	30%	50%	50%	0%
Rx Generic	\$5	\$5	\$15	\$10	\$20	\$12	\$25
Rx Preferred Brand	\$50	\$50	\$60	\$40	\$85	40%	0%
Rx Non-Preferred Brand	50%	50%	50%	50%	60%	60%	0%
Pediatric Vision (Exam and Materials)	\$30	\$30	\$75	30%	\$90	50%	\$100
Pediatric Dental Class I	0%	0%	0%	0%	0%	0%	0%
Pediatric Dental Class II	30%	30%	30%	30%	30%	30%	30%
Pediatric Dental Class III	50%	50%	50%	50%	50%	50%	50%

BLUE CROSS AND BLUE SHIELD OF VERMONT
2018 VERMONT QUALIFIED HEALTH PLANS RATE FILING

Exhibit 1B

BLUE REWARDS (NON-STANDARD) PLAN DESIGNS

	GOLD	GOLD	SILVER	SILVER	BRONZE	BRONZE	CATASTROPHIC
	Blue Rewards	Blue Rewards	Blue Rewards	Blue Rewards	Blue Rewards	Blue Rewards	Blue Rewards
Deductible/OOP Max	3-6-9	CDHP	3-6-9	CDHP	3-6-9	CDHP	Deductible
Medical Ded	\$1,500	\$2,750	\$2,750	\$4,500	\$7,350	\$6,650	\$7,150
Rx Ded	Combined	Combined	Combined	Combined	Combined	Combined	Combined
Integrated Ded	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Medical OOPM	\$4,500	\$2,750	\$7,350	\$4,500	\$7,350	\$6,650	\$7,150
Rx OOPM	\$1,350	\$1,350	\$1,350	\$1,350	Combined	Combined	\$1,350
Integrated OOPM	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Family Deductible / OOP	Aggregate, 2x Family, Embedded Individual OOPM of \$7,350	Aggregate, 2x Family	Aggregate, 2x Family, Embedded Individual OOPM of \$7,350	Aggregate, 2x Family, Embedded Individual OOPM of \$7,350	Aggregate, 2x Family, Embedded Individual OOPM of \$7,350	Aggregate, 2x Family, Embedded Individual OOPM of \$7,350	Aggregate, Embedded Individual OOPM of \$7,150
Medical Deductible waived for:	Preventive Care, 3 PCP/MH Office Visits, Pediatric Dental Class I	Preventive Care	Preventive Care, 3 PCP/MH Office Visits, Pediatric Dental Class I	Preventive Care	Preventive Care, 3 PCP/MH Office Visits, Pediatric Dental Class I	Preventive Care	Preventive Care, 3 PCP/MH Office Visits
Drug Deductible waived for:	N/A	Wellness Scripts	N/A	Wellness Scripts	N/A	Wellness Scripts	N/A
Service Category							
Preventive	\$0	\$0	\$0	\$0	\$0	\$0	\$0
PCP Office Visit	3 visits per member combined PCP/MH at no cost share before deductible then \$20 copay	0%	3 visits per member combined PCP/MH at no cost share before deductible then \$30 copay	0%	3 visits per member combined PCP/MH at no cost share before deductible then \$30 copay	0%	3 visits per member combined PCP/MH at no cost share before deductible then 0% coinsurance
MH/SA Office Visit		0%		0%		0%	
Specialist Office Visit	\$30	0%	\$50	0%	\$0	0%	0%
Urgent Care	\$30	0%	\$50	0%	\$0	0%	0%
Ambulance	\$30	0%	\$50	0%	\$0	0%	0%
DME	\$30	0%	\$50	0%	\$0	0%	0%
ER	\$250	0%	\$400	0%	\$0	0%	0%
Radiology (MRI, CT, PET)	\$500	0%	\$1,500	0%	\$0	0%	0%
Outpatient	\$500	0%	\$1,500	0%	\$0	0%	0%
Inpatient	\$500	0%	\$1,500	0%	\$0	0%	0%
Rx Generic	\$5	\$5	\$5	\$15	\$0	\$25	0%
Rx Preferred Brand	40%	40%	40%	40%	0%	40%	0%
Rx Non-Preferred Brand	60%	60%	60%	60%	0%	60%	0%
Pediatric Vision (Exam and Materials)	\$30	0%	\$50	0%	\$0	0%	0%
Pediatric Dental Class I	0%	0%	0%	0%	0%	0%	0%
Pediatric Dental Class II	30%	0%	30%	0%	30%	0%	0%
Pediatric Dental Class III	50%	0%	50%	0%	50%	0%	0%

BLUE CROSS AND BLUE SHIELD OF VERMONT
2018 VERMONT QUALIFIED HEALTH PLANS RATE FILING

Exhibit 2A

MEMBERSHIP BY PLAN AND MARKET

Inforce Membership by Plan	Individual Market	Small Group Market	TOTAL
Blue Rewards Gold	526	1,106	1,632
Blue Rewards Gold CDHP	983	7,809	8,792
Blue Rewards Silver	3,696	858	4,554
Blue Rewards Bronze CDHP	1,335	1,343	2,678
Standard Platinum	3,259	9,676	12,935
Standard Gold	2,036	5,317	7,353
Standard Silver	10,648	6,706	17,354
Standard Silver CDHP	3,350	4,367	7,717
Standard Bronze	1,364	1,525	2,889
Standard Bronze CDHP	1,279	2,618	3,897
Catastrophic	234	0	234
Total	28,710	41,325	70,035

Projected Membership by Plan	Individual Market	Small Group Market	TOTAL
Blue Rewards Gold	526	1,106	1,632
Blue Rewards Gold CDHP	934	7,419	8,353
Blue Rewards Silver	3,326	755	4,081
Blue Rewards Silver CDHP	800	2,342	3,142
Blue Rewards Bronze	132	352	484
Blue Rewards Bronze CDHP	1,467	1,930	3,397
Standard Platinum	3,259	9,676	12,935
Standard Gold	2,036	5,317	7,353
Standard Silver	10,435	5,713	16,148
Standard Silver CDHP	3,182	3,276	6,458
Standard Bronze	1,160	1,204	2,364
Standard Bronze CDHP	1,087	1,866	2,953
Standard Bronze Integrated	132	369	501
Catastrophic	234	0	234
Total	28,710	41,325	70,035

BLUE CROSS AND BLUE SHIELD OF VERMONT
2018 VERMONT QUALIFIED HEALTH PLANS RATE FILING

Exhibit 2B

ADJUSTMENT FOR IMPACT OF THE HEALTH STATUS OF NEWLY INSURED

Coverage Category in the Experience	Continuing Membership	New Membership	Total Projected Membership	CY 2016 Allowed PMPM Adjusted for Network
Individual Non-Subsidized QHP - Directly Enrolled with BCBSVT	4,843	509	5,352	\$631.70
Individual Non-Subsidized QHP - Enrolled through VHC	4,440	475	4,915	\$620.96
Individual Subsidized QHP	16,038	2,405	18,443	\$578.27
Small Group QHP	33,939	3,215	37,154	\$497.30
Groups with 51-100 employees known to have joined QHP	3,937	234	4,171	\$526.59
Total	63,197	6,838	70,035	
Weighted Average of Continuing Membership				\$538.66
Weighted Average of Projected Membership				\$539.32
Impact of Newly Insured (Line 1+b3 on Exhibit 5) = \$539.32 / \$538.66				1.0012

BLUE CROSS AND BLUE SHIELD OF VERMONT
2018 VERMONT QUALIFIED HEALTH PLANS RATE FILING

Exhibit 2C

IMPACT OF BENEFIT CHANGES

Metal	Allowed Charges Relativity	2016 QHP Member Months	2016 Non-QHP Member Months	2016 Total Member Months	March 2017 Membership	2018 Projected Membership
Platinum	1.4700	160,182	346	160,528	12,935	12,935
Gold	1.0991	191,796	2,358	194,154	17,777	17,338
Silver	0.8645	355,179	4,197	359,376	29,625	29,829
Bronze	0.6461	126,569	2,451	129,020	9,464	9,699
Catastrophic	0.2857	1,945	0	1,945	234	234
Total	1.0000	835,671	9,352	845,023	70,035	70,035
Weighted Average Allowed Charge Relativity				0.9988	1.0044	1.0022
Benefit Adjustment (1+c ₁ on Exhibit 5) = 1.0022/0.9988 =						1.0035

BLUE CROSS AND BLUE SHIELD OF VERMONT
2018 VERMONT QUALIFIED HEALTH PLANS RATE FILING

Exhibit 2D

DEMOGRAPHIC ADJUSTMENT

Coverage Category in the Experience	CY 2016 Member Months	CY 2018 Projected Members
Individual Non-Subsidized QHP - Directly Enrolled with BCBSVT	54,652	5,352
Individual Non-Subsidized QHP - Enrolled through VHC	67,273	4,915
Individual Subsidized QHP	213,170	18,443
Small Group QHP	452,215	37,154
Groups with 51-100 employees that joined QHP in 2016	48,311	4,171
Non-QHP experience for Groups with 51-100 employees that joined QHP in 2016	9,352	
Total	844,973	70,035
 Average Age/Gender Factor	 1.2581	 1.2644
 Demographic Adjustment (Line 1+c3 on Exhibit 5) = $(1.2644 / 1.2581)^2$		 1.0100

IMPACT OF THE CHANGE IN PROVIDER NETWORK

MEDICAL CLAIMS

Coverage Category in the Experience	CY 2016 Allowed Claims	Experience Membership	CY 2016 Allowed PMPM	Network Adjustment	CY 2016 Allowed PMPM Adjusted for Network
Individual Non-Subsidized QHP	\$63,115,719	121,925	\$517.66	1.0000	\$517.66
Individual Subsidized QHP	\$102,490,674	213,170	\$480.79	1.0000	\$480.79
Small Group QHP	\$186,323,443	452,215	\$412.02	1.0000	\$412.02
Groups with 51-100 employees that joined QHP in 2016	\$21,027,695	48,311	\$435.26	1.0000	\$435.26
Non-QHP experience for Groups with 51-100 employees that joined QHP in 2016	\$3,338,824	9,352	\$357.02	0.9844	\$351.45
Weighted Average PMPM	\$376,296,354	844,973	\$445.34	0.9999	\$445.27

PHARMACY CLAIMS

Coverage Category in the Experience	CY 2016 Allowed Claims	Experience Membership	CY 2016 Allowed PMPM	Network Adjustment	CY 2016 Allowed PMPM Adjusted for Network
Individual Non-Subsidized QHP	\$12,832,461	121,925	\$105.25	1.0000	\$105.25
Individual Subsidized QHP	\$20,608,385	213,170	\$96.68	1.0000	\$96.68
Small Group QHP	\$37,582,967	452,215	\$83.11	1.0000	\$83.11
Groups with 51-100 employees that joined QHP in 2016	\$4,314,331	48,311	\$89.30	1.0000	\$89.30
Non-QHP experience for Groups with 51-100 employees that joined QHP in 2016	\$969,739	9,352	\$103.69	1.0000	\$103.69
Weighted Average PMPM	\$76,307,884	844,973	\$90.31	1.0000	\$90.31

PEDIATRIC VISION AND PEDIATRIC DENTAL CLAIMS

Coverage Category in the Experience	CY 2016 Allowed Claims	Experience Membership	CY 2016 Allowed PMPM	Network Adjustment	CY 2016 Allowed PMPM Adjusted for Network
Individual Non-Subsidized QHP	\$349,314	121,925	\$2.86	1.0000	\$2.86
Individual Subsidized QHP	\$169,701	213,170	\$0.80	1.0000	\$0.80
Small Group QHP	\$980,476	452,215	\$2.17	1.0000	\$2.17
Groups with 51-100 employees that joined QHP in 2016	\$98,142	48,311	\$2.03	1.0000	\$2.03
Non-QHP experience for Groups with 51-100 employees that joined QHP in 2016					
Weighted Average PMPM	\$1,597,633	835,621	\$1.91	1.0000	\$1.91
Total Average PMPM			\$537.56		\$537.49
Impact of Change in Provider Network (Line 1+c2 on Exhibit 5) = \$537.49 / \$537.56					0.9999

BLUE CROSS AND BLUE SHIELD OF VERMONT
2018 VERMONT QUALIFIED HEALTH PLANS RATE FILING

Exhibit 2F

IMPACT OF SELECTION

	GOLD Blue Rewards	GOLD Blue Rewards CDHP	NON-STANDARD PLANS		BRONZE Blue Rewards	BRONZE Blue Rewards CDHP	PLATINUM Deductible	GOLD Deductible	SILVER Deductible	STANDARD PLANS		BRONZE Deductible	BRONZE CDHP	BRONZE Integrated	Catastrophic Blue Rewards	Weighted Average
Projected Paid Claims			SILVER Blue Rewards	SILVER Blue Rewards CDHP						SILVER CDHP						
Using HHS Induced Utilization Factors																
Projected FFS Allowed Charges - Without Selection	\$602.88	\$602.88	\$602.88	\$602.88	\$602.88	\$602.88	\$602.88	\$602.88	\$602.88	\$602.88	\$602.88	\$602.88	\$602.88	\$602.88	\$602.88	
Benefit Richness Adjustment	1.0145	1.0030	0.9678	0.9579	0.9378	0.9364	1.0881	1.0288	0.9763	0.9775	0.9395	0.9407	0.9450	0.9285	0.9285	
Pricing Actuarial Value	82.40%	79.61%	74.15%	72.39%	66.77%	66.78%	92.68%	85.03%	75.70%	77.11%	67.73%	68.22%	68.97%	69.34%	69.34%	
For Catastrophic Plan only - Impact of the specific eligibility	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	
Projected Paid Claims	\$504.00	\$481.40	\$432.64	\$418.05	\$377.49	\$377.01	\$608.00	\$527.38	\$445.55	\$454.41	\$383.59	\$386.91	\$392.92	\$197.58	\$197.58	\$479.05
Projected Paid Claims																
Using BCBSVT Actual Utilization Factors																
Projected FFS Allowed Charges - Without Selection	\$602.88	\$602.88	\$602.88	\$602.88	\$602.88	\$602.88	\$602.88	\$602.88	\$602.88	\$602.88	\$602.88	\$602.88	\$602.88	\$602.88	\$602.88	
Benefit Richness Adjustment	1.0967	1.0967	0.8626	0.8626	0.6447	0.6447	1.4667	1.0967	0.8626	0.8626	0.6447	0.6447	0.6447	0.6447	0.2851	
Pricing Actuarial Value	82.58%	80.61%	73.59%	71.20%	65.23%	64.75%	93.09%	84.86%	75.46%	75.71%	65.82%	66.25%	67.60%	61.48%	61.48%	
Projected Paid Claims	\$545.99	\$532.97	\$382.68	\$370.25	\$253.52	\$251.65	\$823.16	\$561.07	\$392.39	\$393.71	\$255.82	\$257.48	\$262.73	\$105.67	\$105.67	\$488.60
Selection Impact	line 1+c6 on Exhibit 5															1.0199
Projected Membership	1,632	8,353	4,081	3,142	484	3,397	12,935	7,353	16,148	6,458	2,364	2,953	501	234	70,035	

BLUE CROSS AND BLUE SHIELD OF VERMONT
2018 VERMONT QUALIFIED HEALTH PLANS RATE FILING

EXHIBIT 3A

MEDICAL TREND DEVELOPMENT
ILLUSTRATION OF CONTRACT NORMALIZATION

Month	Contract Increase	Normalization Factor	Experience Claims	Normalized Claims
Jan-13		1.1699	\$1,000,000	\$1,169,859
Feb-13		1.1699	\$1,000,000	\$1,169,859
Mar-13		1.1699	\$1,000,000	\$1,169,859
Apr-13		1.1699	\$1,000,000	\$1,169,859
May-13		1.1699	\$1,000,000	\$1,169,859
Jun-13		1.1699	\$1,000,000	\$1,169,859
Jul-13		1.1699	\$1,000,000	\$1,169,859
Aug-13		1.1699	\$1,000,000	\$1,169,859
Sep-13		1.1699	\$1,000,000	\$1,169,859
Oct-13	1.0400	1.1249	\$1,000,000	\$1,124,864
Nov-13		1.1249	\$1,000,000	\$1,124,864
Dec-13		1.1249	\$1,000,000	\$1,124,864
Jan-14		1.1249	\$1,000,000	\$1,124,864
Feb-14		1.1249	\$1,000,000	\$1,124,864
Mar-14		1.1249	\$1,000,000	\$1,124,864
Apr-14		1.1249	\$1,000,000	\$1,124,864
May-14		1.1249	\$1,000,000	\$1,124,864
Jun-14		1.1249	\$1,000,000	\$1,124,864
Jul-14		1.1249	\$1,000,000	\$1,124,864
Aug-14		1.1249	\$1,000,000	\$1,124,864
Sep-14		1.1249	\$1,000,000	\$1,124,864
Oct-14	1.0400	1.0816	\$1,000,000	\$1,081,600
Nov-14		1.0816	\$1,000,000	\$1,081,600
Dec-14		1.0816	\$1,000,000	\$1,081,600
Jan-15		1.0816	\$1,000,000	\$1,081,600
Feb-15		1.0816	\$1,000,000	\$1,081,600
Mar-15		1.0816	\$1,000,000	\$1,081,600
Apr-15		1.0816	\$1,000,000	\$1,081,600
May-15		1.0816	\$1,000,000	\$1,081,600
Jun-15		1.0816	\$1,000,000	\$1,081,600
Jul-15		1.0816	\$1,000,000	\$1,081,600
Aug-15		1.0816	\$1,000,000	\$1,081,600
Sep-15		1.0816	\$1,000,000	\$1,081,600
Oct-15	1.0400	1.0400	\$1,000,000	\$1,040,000
Nov-15		1.0400	\$1,000,000	\$1,040,000
Dec-15		1.0400	\$1,000,000	\$1,040,000
Jan-16		1.0400	\$1,000,000	\$1,040,000
Feb-16		1.0400	\$1,000,000	\$1,040,000
Mar-16		1.0400	\$1,000,000	\$1,040,000
Apr-16		1.0400	\$1,000,000	\$1,040,000
May-16		1.0400	\$1,000,000	\$1,040,000
Jun-16		1.0400	\$1,000,000	\$1,040,000
Jul-16		1.0400	\$1,000,000	\$1,040,000
Aug-16		1.0400	\$1,000,000	\$1,040,000
Sep-16		1.0400	\$1,000,000	\$1,040,000
Oct-16	1.0400	1.0000	\$1,000,000	\$1,000,000
Nov-16		1.0000	\$1,000,000	\$1,000,000
Dec-16		1.0000	\$1,000,000	\$1,000,000

BLUE CROSS AND BLUE SHIELD OF VERMONT
2018 VERMONT QUALIFIED HEALTH PLANS RATE FILING

EXHIBIT 3B

MEDICAL TREND DEVELOPMENT
UTILIZATION TREND CALCULATION

Month	Membership	Original Claims*	Original PMPM	Rolling 12 PMPM	Adjusted Claims - Normalized for Contract Changes	Adjusted PMPM	Rolling 12 Adjusted PMPM	Regression on Adjusted PMPM - 36 Months	Regression on Adjusted PMPM - 24 Months	Regression on Adjusted PMPM - 12 Months
Jan-13	64,685	\$26,217,533	\$405.31		\$29,425,891	\$454.91		\$403.10	\$387.00	\$313.54
Feb-13	64,417	\$23,566,151	\$365.84		\$26,690,857	\$414.34		\$404.15	\$388.41	\$316.24
Mar-13	64,459	\$25,604,811	\$397.23		\$28,917,058	\$448.61		\$405.11	\$389.69	\$318.69
Apr-13	64,381	\$26,698,701	\$414.70		\$30,043,850	\$466.66		\$406.18	\$391.11	\$321.43
May-13	64,240	\$27,115,367	\$422.09		\$30,436,578	\$473.79		\$407.21	\$392.49	\$324.11
Jun-13	64,528	\$24,477,292	\$379.33		\$27,381,228	\$424.33		\$408.28	\$393.92	\$326.90
Jul-13	65,048	\$25,474,365	\$391.62		\$28,519,550	\$438.44		\$409.31	\$395.31	\$329.62
Aug-13	65,259	\$25,329,632	\$388.14		\$28,353,679	\$434.48		\$410.39	\$396.75	\$332.45
Sep-13	65,079	\$25,914,042	\$398.19		\$28,882,830	\$443.81		\$411.47	\$398.19	\$335.31
Oct-13	64,757	\$30,240,043	\$466.98		\$33,380,440	\$515.47		\$412.51	\$399.60	\$338.10
Nov-13	64,756	\$28,018,946	\$432.68		\$30,666,032	\$473.56		\$413.59	\$401.05	\$341.01
Dec-13	64,163	\$29,012,738	\$452.17	\$409.49	\$32,010,722	\$498.90	\$457.23	\$414.64	\$402.47	\$343.85
Jan-14	63,462	\$25,105,615	\$395.60	\$408.70	\$27,450,702	\$432.55	\$455.41	\$415.73	\$403.93	\$346.80
Feb-14	63,062	\$23,125,565	\$366.71	\$408.85	\$25,234,913	\$400.16	\$454.32	\$416.82	\$405.40	\$349.79
Mar-14	63,023	\$23,565,067	\$373.91	\$406.96	\$25,715,634	\$408.04	\$451.02	\$417.81	\$406.74	\$352.50
Apr-14	62,894	\$23,950,889	\$380.81	\$404.18	\$26,061,022	\$414.36	\$446.72	\$418.91	\$408.22	\$355.53
May-14	65,068	\$24,831,795	\$381.63	\$400.79	\$27,027,576	\$415.37	\$441.82	\$419.97	\$409.66	\$358.49
Jun-14	65,268	\$25,113,499	\$384.78	\$401.23	\$27,286,021	\$418.06	\$441.27	\$421.07	\$411.15	\$361.57
Jul-14	65,898	\$24,992,842	\$379.27	\$400.16	\$26,951,276	\$408.98	\$438.75	\$422.14	\$412.60	\$364.58
Aug-14	66,182	\$24,743,330	\$373.87	\$398.93	\$26,876,990	\$406.11	\$436.32	\$423.25	\$414.11	\$367.72
Sep-14	65,956	\$26,157,090	\$396.58	\$398.79	\$28,322,619	\$429.42	\$435.10	\$424.36	\$415.61	\$370.88
Oct-14	65,765	\$29,235,409	\$444.54	\$396.97	\$31,168,595	\$473.94	\$431.69	\$425.44	\$417.08	\$373.97
Nov-14	65,619	\$26,241,130	\$399.90	\$394.24	\$28,029,630	\$427.16	\$427.81	\$426.56	\$418.60	\$377.18
Dec-14	65,261	\$29,783,710	\$456.38	\$394.68	\$31,938,978	\$489.40	\$427.11	\$427.64	\$420.08	\$380.32
Jan-15	67,793	\$28,532,835	\$420.88	\$396.88	\$29,706,096	\$438.19	\$427.63	\$428.76	\$421.61	\$383.59
Feb-15	68,205	\$24,896,966	\$365.03	\$396.53	\$25,959,698	\$380.61	\$425.76	\$429.89	\$423.14	\$386.89
Mar-15	69,532	\$29,284,835	\$421.17	\$400.49	\$30,527,048	\$439.04	\$428.33	\$430.91	\$424.53	\$389.90
Apr-15	69,682	\$29,285,800	\$420.28	\$403.76	\$30,493,644	\$437.61	\$430.24	\$432.04	\$426.08	\$393.25
May-15	69,054	\$27,483,620	\$398.00	\$405.05	\$28,580,990	\$413.89	\$430.04	\$433.14	\$427.58	\$396.52
Jun-15	69,063	\$29,797,483	\$431.45	\$408.95	\$31,013,637	\$449.06	\$432.63	\$434.27	\$439.14	\$399.93
Jul-15	68,691	\$29,316,414	\$426.79	\$412.87	\$30,407,874	\$442.68	\$435.40	\$435.38	\$430.66	\$403.26
Aug-15	68,199	\$26,305,347	\$385.71	\$413.77	\$27,255,049	\$399.64	\$434.79	\$436.52	\$432.22	\$406.73
Sep-15	67,893	\$29,444,460	\$433.69	\$416.82	\$30,501,950	\$449.27	\$436.43	\$437.66	\$433.80	\$410.22
Oct-15	67,833	\$29,316,303	\$432.18	\$415.86	\$30,210,615	\$445.37	\$434.15	\$438.78	\$435.33	\$413.64
Nov-15	67,475	\$29,088,158	\$431.10	\$418.40	\$29,931,095	\$443.59	\$435.49	\$439.93	\$436.92	\$417.20
Dec-15	67,448	\$29,645,700	\$439.53	\$417.12	\$32,386,631	\$480.17	\$434.87	\$441.04	\$438.46	\$420.67
Jan-16	69,220	\$29,428,424	\$425.14	\$417.48	\$29,699,035	\$429.05	\$434.11	\$442.20	\$440.05	\$424.29
Feb-16	69,732	\$29,963,052	\$429.69	\$422.86	\$30,222,765	\$433.41	\$438.48	\$443.36	\$441.66	\$427.93
Mar-16	70,277	\$32,716,135	\$465.53	\$426.64	\$32,973,333	\$469.19	\$441.05	\$444.45	\$443.16	\$431.38
Apr-16	70,192	\$28,638,574	\$408.00	\$425.59	\$28,850,566	\$411.02	\$438.79	\$445.62	\$444.78	\$435.09
May-16	70,225	\$29,099,224	\$414.37	\$426.94	\$29,355,021	\$418.01	\$439.10	\$446.75	\$446.35	\$438.71
Jun-16	70,355	\$31,348,767	\$445.58	\$428.15	\$31,623,453	\$449.48	\$439.15	\$447.92	\$447.97	\$442.48
Jul-16	70,575	\$29,216,796	\$413.98	\$427.06	\$29,403,783	\$416.63	\$436.95	\$449.06	\$449.55	\$446.16
Aug-16	70,663	\$31,864,209	\$450.93	\$432.47	\$32,081,785	\$454.01	\$441.45	\$450.24	\$451.19	\$450.00
Sep-16	70,778	\$32,423,323	\$458.10	\$434.55	\$32,604,318	\$460.66	\$442.45	\$451.42	\$452.83	\$453.87
Oct-16	70,949	\$31,404,042	\$442.63	\$435.42	\$31,432,124	\$443.02	\$442.26	\$452.57	\$454.43	\$457.64
Nov-16	71,013	\$33,482,082	\$471.49	\$438.81	\$33,497,668	\$471.71	\$444.64	\$453.76	\$456.09	\$461.58
Dec-16	70,994	\$34,290,588	\$483.01	\$442.47	\$34,290,588	\$483.01	\$445.03	\$454.91	\$457.69	\$465.42
Annual Increase				6.1%			2.3%	3.1%	4.4%	10.6%

* December 2015 after normalization for contract changes was adjusted due to unexpected actual results. It originally was \$30,457,755.

Regressions

Regression on Adjusted PMPM - 36 Months		Regression on Adjusted PMPM - 24 Months		Regression on Adjusted PMPM - 12 Months	
1.000	12.293	1.000	3.052	1.000	0.004
0.000	1.199	0.000	2.147	0.000	5.353
0.206	0.054	0.196	0.052	0.325	0.046
8.843	34.000	5.357	22.000	4.818	10.000

MEDICAL TREND DEVELOPMENT
UTILIZATION TREND CALCULATION

Impact of Benefit Changes

Month	Membership	Adjusted Claims - Normalized for Contract Changes	Adjusted PMPM	Rolling 12 Adjusted PMPM	Regression on Adjusted PMPM - 24 Months	Average Induced Utilization Factor	Normalization Factor for Induced Utilization	Adjusted Claims - Normalized for Contract Changes, Induced Utilization Factor and FWA	Adjusted PMPM	Rolling 12 Adjusted PMPM	Regression on Adjusted PMPM - 24 Months
Jan-15	67,793	\$29,706,096	\$438.19		\$421.61	0.9448	1.0093	\$29,982,143	\$442.26		\$424.05
Feb-15	68,205	\$25,959,698	\$380.61		\$423.14	0.9451	1.0090	\$26,192,413	\$384.02		\$425.50
Mar-15	69,532	\$30,527,048	\$439.04		\$424.53	0.9462	1.0078	\$30,765,942	\$442.47		\$426.81
Apr-15	69,682	\$30,493,644	\$437.61		\$426.08	0.9473	1.0066	\$30,694,475	\$440.49		\$428.27
May-15	69,054	\$28,580,990	\$413.89		\$427.58	0.9487	1.0051	\$28,727,847	\$416.02		\$429.68
Jun-15	69,063	\$31,013,637	\$449.06		\$429.14	0.9496	1.0042	\$31,143,881	\$450.95		\$431.15
Jul-15	68,691	\$30,407,874	\$442.68		\$430.66	0.9512	1.0025	\$30,483,153	\$443.77		\$432.57
Aug-15	68,199	\$27,255,049	\$399.64		\$432.22	0.9519	1.0018	\$27,303,617	\$400.35		\$434.04
Sep-15	67,893	\$30,501,950	\$449.27		\$433.80	0.9533	1.0003	\$30,511,604	\$449.41		\$435.53
Oct-15	67,833	\$30,210,615	\$445.37		\$435.33	0.9534	1.0002	\$30,216,390	\$445.45		\$436.96
Nov-15	67,475	\$29,931,095	\$443.59		\$436.92	0.9541	0.9994	\$29,913,736	\$443.33		\$438.45
Dec-15	67,448	\$32,386,631	\$480.17		\$438.46	0.9533	1.0003	\$32,396,778	\$480.32	\$436.53	\$439.90
Jan-16	69,220	\$29,699,035	\$429.05	\$434.11	\$440.05	0.9517	1.0020	\$29,757,091	\$429.89	\$435.50	\$441.40
Feb-16	69,732	\$30,222,765	\$433.41	\$438.48	\$441.66	0.9514	1.0023	\$30,291,226	\$434.39	\$439.67	\$442.91
Mar-16	70,277	\$32,973,333	\$469.19	\$441.05	\$443.16	0.9510	1.0027	\$33,063,166	\$470.47	\$442.05	\$444.32
Apr-16	70,192	\$28,850,566	\$411.02	\$438.79	\$444.78	0.9506	1.0031	\$28,941,210	\$412.31	\$439.66	\$445.84
May-16	70,225	\$29,355,021	\$418.01	\$439.10	\$446.35	0.9500	1.0038	\$29,466,038	\$419.59	\$439.93	\$447.31
Jun-16	70,355	\$31,623,453	\$449.48	\$439.15	\$447.97	0.9496	1.0042	\$31,756,175	\$451.37	\$439.98	\$448.84
Jul-16	70,575	\$29,403,783	\$416.63	\$436.95	\$449.55	0.9500	1.0037	\$29,513,140	\$418.18	\$437.81	\$450.32
Aug-16	70,663	\$32,081,785	\$454.01	\$441.45	\$451.19	0.9506	1.0031	\$32,181,458	\$455.42	\$442.38	\$451.85
Sep-16	70,778	\$32,604,318	\$460.66	\$442.45	\$452.83	0.9514	1.0023	\$32,678,056	\$461.70	\$443.44	\$453.39
Oct-16	70,949	\$31,432,124	\$443.02	\$442.26	\$454.43	0.9520	1.0016	\$31,482,304	\$443.73	\$443.30	\$454.89
Nov-16	71,013	\$33,497,668	\$471.71	\$444.64	\$456.09	0.9524	1.0012	\$33,537,598	\$472.27	\$445.75	\$456.44
Dec-16	70,994	\$34,290,588	\$483.01	\$445.03	\$457.69	0.9536	1.0000	\$34,290,588	\$483.01	\$446.12	\$457.95

Annual Increase

2.3%

4.4%

2.2%

4.1%

Regressions

Regression on Adjusted PMPM - 24 Months	
1.00012	3.0519
0.00005	2.1471
19.58%	0.0524
5.35683	22

Regression on Adjusted PMPM - 24 Months	
1.00011	4.1993
0.00005	2.1202
17.96%	0.0517
4.81707	22

Impact of Benefit Changes

-0.1%

Impact of Fraud, Waste and Abuse programs

Month	Membership	Adjusted Claims - Normalized for Contract Changes and Induced Utilization Factor	Adjusted PMPM	Rolling 12 Adjusted PMPM	Regression on Adjusted PMPM - 24 Months	Adjustment for FWA programs	Adjusted Claims - Normalized for Contract Changes and Induced Utilization Factor	Adjusted PMPM	Rolling 12 Adjusted PMPM	Regression on Adjusted PMPM - 24 Months
Jan-15	67,793	\$29,982,143	\$442.26		\$421.61	0.9970	\$29,892,671	\$440.94		\$424.05
Feb-15	68,205	\$26,192,413	\$384.02		\$423.14	0.9970	\$26,114,251	\$382.88		\$425.50
Mar-15	69,532	\$30,765,942	\$442.47		\$424.53	0.9970	\$30,674,132	\$441.15		\$426.81
Apr-15	69,682	\$30,694,475	\$440.49		\$426.08	0.9970	\$30,602,878	\$439.18		\$428.27
May-15	69,054	\$28,727,847	\$416.02		\$427.58	0.9970	\$28,642,119	\$414.78		\$429.68
Jun-15	69,063	\$31,143,881	\$450.95		\$429.14	0.9970	\$31,050,943	\$449.60		\$431.15
Jul-15	68,691	\$30,483,153	\$443.77		\$430.66	0.9970	\$30,392,187	\$442.45		\$432.57
Aug-15	68,199	\$27,303,617	\$400.35		\$432.22	0.9970	\$27,222,139	\$399.16		\$434.04
Sep-15	67,893	\$30,511,604	\$449.41		\$433.80	0.9970	\$30,420,553	\$448.07		\$435.53
Oct-15	67,833	\$30,216,390	\$445.45		\$435.33	0.9970	\$30,126,220	\$444.12		\$436.96
Nov-15	67,475	\$29,913,736	\$443.33		\$436.92	0.9970	\$29,824,469	\$442.01		\$438.45
Dec-15	67,448	\$32,396,778	\$480.32	\$436.53	\$438.46	0.9970	\$32,300,101	\$478.89	\$435.23	\$439.90
Jan-16	69,220	\$29,757,091	\$429.89	\$435.50	\$440.05	1.0000	\$29,757,091	\$429.89	\$434.31	\$441.40
Feb-16	69,732	\$30,291,226	\$434.39	\$439.67	\$441.66	1.0000	\$30,291,226	\$434.39	\$438.57	\$442.91
Mar-16	70,277	\$33,063,166	\$470.47	\$442.05	\$443.16	1.0000	\$33,063,166	\$470.47	\$441.07	\$444.32
Apr-16	70,192	\$28,941,210	\$412.31	\$439.66	\$444.78	1.0000	\$28,941,210	\$412.31	\$438.79	\$445.84
May-16	70,225	\$29,466,038	\$419.59	\$439.93	\$446.35	1.0000	\$29,466,038	\$419.59	\$439.16	\$447.31
Jun-16	70,355	\$31,756,175	\$451.37	\$439.98	\$447.97	1.0000	\$31,756,175	\$451.37	\$439.33	\$448.84
Jul-16	70,575	\$29,513,140	\$418.18	\$437.81	\$449.55	1.0000	\$29,513,140	\$418.18	\$437.27	\$450.32
Aug-16	70,663	\$32,181,458	\$455.42	\$442.38	\$451.19	1.0000	\$32,181,458	\$455.42	\$441.94	\$451.85
Sep-16	70,778	\$32,678,056	\$461.70	\$443.44	\$452.83	1.0000	\$32,678,056	\$461.70	\$443.11	\$453.39
Oct-16	70,949	\$31,482,304	\$443.73	\$443.30	\$454.43	1.0000	\$31,482,304	\$443.73	\$443.08	\$454.89
Nov-16	71,013	\$33,537,598	\$472.27	\$445.75	\$456.09	1.0000	\$33,537,598	\$472.27	\$445.63	\$456.44
Dec-16	70,994	\$34,290,588	\$483.01	\$446.12	\$457.69	1.0000	\$34,290,588	\$483.01	\$446.12	\$457.95

Annual Increase

2.2%

4.4%

6.2%

2.5%

4.1%

Regressions

Adjusted PMPM -	
1.00011	4.1993
0.00005	2.1202
17.96%	0.0517
4.81707	22

Adjusted PMPM -	
1.00012	3.2327
0.00005	2.1085
19.80%	0.0515
5.43036	22

Impact of Changes in Fraud, Waste and Abuse programs

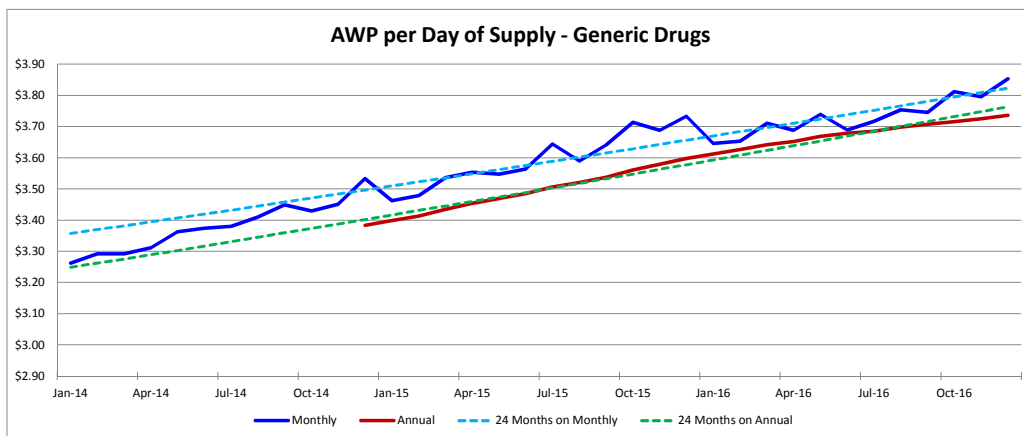
0.3%

PHARMACY TREND DEVELOPMENT

GENERIC DRUGS - COST TREND

Incurred Date	MONTHLY DATA				ROLLING 12				EXPONENTIAL FIT	
	Supply	Total AWP	Cost/ Supply	Monthly Cost Trend	Supply	Total AWP	Cost/ Supply	Rolling 12 Cost Trend	Monthly Data	Rolling 12 Data
Jan-14	1,543,050	\$5,033,651	\$3.26						\$3.36	\$3.25
Feb-14	1,500,207	\$4,938,599	\$3.29						\$3.37	\$3.26
Mar-14	1,689,689	\$5,561,797	\$3.29						\$3.38	\$3.28
Apr-14	1,586,109	\$5,251,860	\$3.31						\$3.39	\$3.29
May-14	1,646,370	\$5,536,597	\$3.36						\$3.41	\$3.30
Jun-14	1,640,163	\$5,533,115	\$3.37						\$3.42	\$3.32
Jul-14	1,706,741	\$5,769,519	\$3.38						\$3.43	\$3.33
Aug-14	1,698,005	\$5,789,062	\$3.41						\$3.45	\$3.35
Sep-14	1,730,356	\$5,967,110	\$3.45						\$3.46	\$3.36
Oct-14	1,785,596	\$6,123,986	\$3.43						\$3.47	\$3.37
Nov-14	1,641,937	\$5,665,277	\$3.45						\$3.48	\$3.39
Dec-14	1,902,988	\$6,722,741	\$3.53						\$3.50	\$3.40
Jan-15	1,751,249	\$6,062,959	\$3.46	6.1%	20,071,211	\$67,893,314	\$3.38		\$3.51	\$3.42
Feb-15	1,669,127	\$5,805,807	\$3.48	5.7%	20,448,330	\$69,789,830	\$3.41		\$3.52	\$3.43
Mar-15	1,891,644	\$6,688,835	\$3.54	7.4%	20,650,285	\$70,916,869	\$3.43		\$3.54	\$3.44
Apr-15	1,778,814	\$6,320,356	\$3.55	7.3%	20,842,990	\$71,985,364	\$3.45		\$3.55	\$3.46
May-15	1,801,818	\$6,391,745	\$3.55	5.5%	20,998,438	\$72,840,512	\$3.47		\$3.56	\$3.47
Jun-15	1,825,481	\$6,504,890	\$3.56	5.6%	21,183,756	\$73,812,287	\$3.48		\$3.58	\$3.49
Jul-15	1,790,043	\$6,523,015	\$3.64	7.8%	21,267,058	\$74,565,783	\$3.51		\$3.59	\$3.50
Aug-15	1,788,465	\$6,419,417	\$3.59	5.3%	21,357,518	\$75,196,138	\$3.52		\$3.60	\$3.52
Sep-15	1,781,920	\$6,486,836	\$3.64	5.6%	21,409,082	\$75,715,864	\$3.54		\$3.62	\$3.53
Oct-15	1,804,634	\$6,701,977	\$3.71	8.3%	21,428,120	\$76,293,855	\$3.56		\$3.63	\$3.55
Nov-15	1,774,035	\$6,542,312	\$3.69	6.9%	21,560,218	\$77,170,890	\$3.58		\$3.64	\$3.56
Dec-15	1,951,955	\$7,286,743	\$3.73	5.7%	21,609,185	\$77,734,892	\$3.60	6.3%	\$3.66	\$3.58
Jan-16	1,768,349	\$6,447,245	\$3.65	5.3%	21,626,285	\$78,119,178	\$3.61	6.3%	\$3.67	\$3.59
Feb-16	1,774,328	\$6,481,292	\$3.65	5.0%	21,731,486	\$78,794,664	\$3.63	6.2%	\$3.68	\$3.61
Mar-16	1,953,550	\$7,249,272	\$3.71	4.9%	21,793,392	\$79,355,101	\$3.64	6.0%	\$3.70	\$3.62
Apr-16	1,796,422	\$6,625,443	\$3.69	3.8%	21,811,000	\$79,660,187	\$3.65	5.8%	\$3.71	\$3.64
May-16	1,872,858	\$7,002,929	\$3.74	5.4%	21,882,040	\$80,271,371	\$3.67	5.8%	\$3.72	\$3.65
Jun-16	1,902,517	\$7,018,144	\$3.69	3.5%	21,959,076	\$80,784,625	\$3.68	5.6%	\$3.74	\$3.67
Jul-16	1,853,654	\$6,889,863	\$3.72	2.0%	22,022,687	\$81,151,472	\$3.68	5.1%	\$3.75	\$3.69
Aug-16	1,937,706	\$7,273,789	\$3.75	4.6%	22,171,928	\$82,005,844	\$3.70	5.1%	\$3.77	\$3.70
Sep-16	1,888,175	\$7,072,242	\$3.75	2.9%	22,278,183	\$82,591,249	\$3.71	4.8%	\$3.78	\$3.72
Oct-16	1,953,044	\$7,444,393	\$3.81	2.6%	22,426,593	\$83,333,666	\$3.72	4.4%	\$3.79	\$3.73
Nov-16	1,924,030	\$7,303,756	\$3.80	2.9%	22,576,588	\$84,095,110	\$3.72	4.1%	\$3.81	\$3.75
Dec-16	2,073,994	\$7,990,594	\$3.85	3.2%	22,698,627	\$84,798,960	\$3.74	3.9%	\$3.82	\$3.76

Exponential Trend: 4.6% 5.2%



Regressions

24 Months on Monthly

1.000	0.021
0.000	0.432
0.867	0.011
143.183	22.000

24 Months on Annual

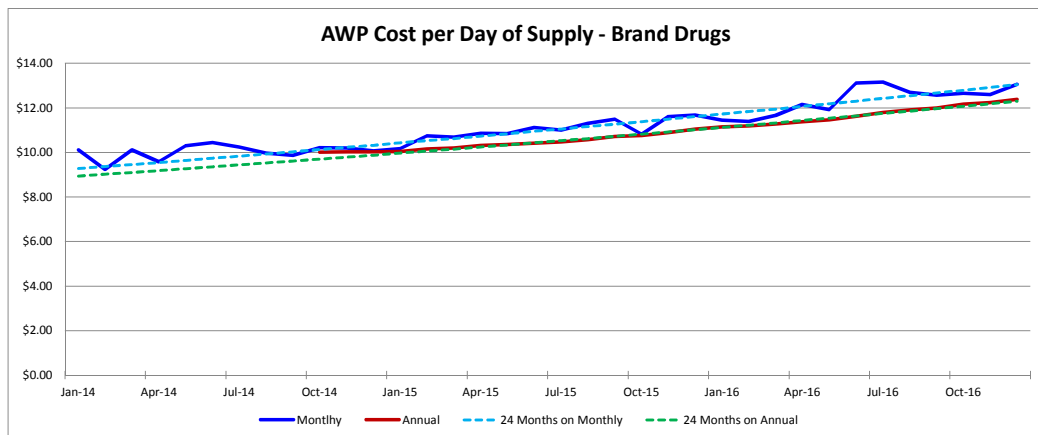
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0.000	0.167
0.982	0.004
1232.664	22.000

PHARMACY TREND DEVELOPMENT

BRAND DRUGS - COST TREND

Incurred Date	MONTHLY DATA					ROLLING 12					EXPONENTIAL FIT	
	Supply	Total AWP	Cost/ Supply	Monthly Cost Trend		Supply	Total AWP	Cost/ Supply	Rolling 12 Cost Trend		Monthly Data	Rolling 12 Data
Jan-14	241,467	\$2,442,915	\$10.12								\$9.28	\$8.95
Feb-14	238,095	\$2,198,926	\$9.24								\$9.38	\$9.03
Mar-14	263,035	\$2,658,635	\$10.11								\$9.46	\$9.10
Apr-14	230,329	\$2,206,817	\$9.58								\$9.55	\$9.19
May-14	241,338	\$2,486,524	\$10.30								\$9.65	\$9.27
Jun-14	239,174	\$2,496,375	\$10.44								\$9.74	\$9.36
Jul-14	242,961	\$2,489,797	\$10.25								\$9.84	\$9.44
Aug-14	238,039	\$2,371,527	\$9.96								\$9.94	\$9.53
Sep-14	257,266	\$2,538,762	\$9.87								\$10.03	\$9.62
Oct-14	277,888	\$2,837,429	\$10.21			2,469,593	\$24,727,707	\$10.01			\$10.13	\$9.71
Nov-14	246,683	\$2,517,502	\$10.21			2,716,276	\$27,245,209	\$10.03			\$10.23	\$9.80
Dec-14	304,015	\$3,059,647	\$10.06			3,020,291	\$30,304,857	\$10.03			\$10.33	\$9.89
Jan-15	238,662	\$2,427,673	\$10.17	0.5%		3,017,486	\$30,289,615	\$10.04			\$10.43	\$9.98
Feb-15	226,975	\$2,438,569	\$10.74	16.3%		3,006,366	\$30,529,258	\$10.15			\$10.54	\$10.07
Mar-15	259,046	\$2,769,731	\$10.69	5.8%		3,002,377	\$30,640,354	\$10.21			\$10.63	\$10.16
Apr-15	252,735	\$2,743,863	\$10.86	13.3%		3,024,783	\$31,177,400	\$10.31			\$10.74	\$10.25
May-15	241,837	\$2,624,413	\$10.85	5.3%		3,025,282	\$31,315,289	\$10.35			\$10.84	\$10.34
Jun-15	252,573	\$2,807,284	\$11.11	6.5%		3,038,681	\$31,626,198	\$10.41			\$10.95	\$10.44
Jul-15	251,304	\$2,766,006	\$11.01	7.4%		3,047,023	\$31,902,407	\$10.47			\$11.06	\$10.53
Aug-15	241,743	\$2,731,743	\$11.30	13.4%		3,050,727	\$32,262,623	\$10.58			\$11.17	\$10.63
Sep-15	249,265	\$2,864,378	\$11.49	16.4%		3,042,726	\$32,588,238	\$10.71			\$11.28	\$10.73
Oct-15	277,463	\$3,002,692	\$10.82	6.0%		3,042,301	\$32,753,501	\$10.77			\$11.39	\$10.83
Nov-15	253,304	\$2,941,164	\$11.61	13.8%		3,048,922	\$33,177,162	\$10.88	8.5%		\$11.50	\$10.93
Dec-15	305,759	\$3,569,860	\$11.68	16.0%		3,050,666	\$33,687,375	\$11.04	10.1%		\$11.61	\$11.03
Jan-16	226,459	\$2,591,144	\$11.44	12.5%		3,038,463	\$33,850,846	\$11.14	11.0%		\$11.73	\$11.13
Feb-16	231,848	\$2,641,551	\$11.39	6.0%		3,043,336	\$34,053,829	\$11.19	10.2%		\$11.84	\$11.24
Mar-16	271,560	\$3,166,950	\$11.66	9.1%		3,055,850	\$34,451,048	\$11.27	10.5%		\$11.95	\$11.33
Apr-16	232,266	\$2,823,405	\$12.16	12.0%		3,035,381	\$34,530,589	\$11.38	10.4%		\$12.07	\$11.44
May-16	241,754	\$2,881,057	\$11.92	9.8%		3,035,298	\$34,787,234	\$11.46	10.7%		\$12.19	\$11.54
Jun-16	239,382	\$3,137,849	\$13.11	17.9%		3,022,107	\$35,117,798	\$11.62	11.6%		\$12.31	\$11.65
Jul-16	232,946	\$3,064,661	\$13.16	19.5%		3,003,749	\$35,416,454	\$11.79	12.6%		\$12.43	\$11.76
Aug-16	246,160	\$3,126,847	\$12.70	12.4%		3,008,166	\$35,811,558	\$11.90	12.6%		\$12.55	\$11.86
Sep-16	251,279	\$3,158,056	\$12.57	9.4%		3,010,180	\$36,105,236	\$11.99	12.0%		\$12.68	\$11.98
Oct-16	252,444	\$3,196,185	\$12.66	17.0%		2,985,161	\$36,298,730	\$12.16	12.9%		\$12.80	\$12.08
Nov-16	256,710	\$3,233,885	\$12.60	8.5%		2,988,567	\$36,591,451	\$12.24	12.5%		\$12.93	\$12.20
Dec-16	288,762	\$3,770,675	\$13.06	11.8%		2,971,570	\$36,792,266	\$12.38	12.1%		\$13.05	\$12.31

Exponential Trend: 12.4% 11.6%



Regressions

24 Months on Monthly

1.000	0.000
0.000	1.107
0.872	0.027
149.790	22.000

24 Months on Annual

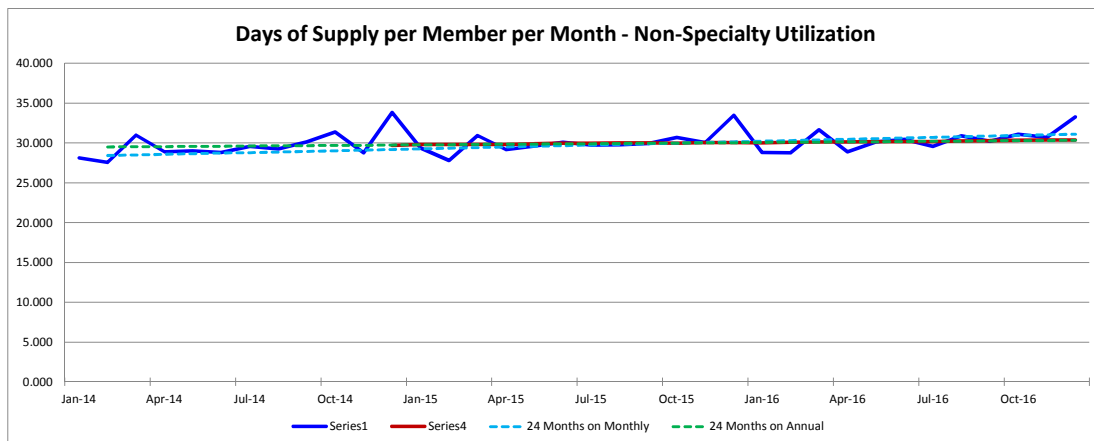
1.000	0.000
0.000	0.203
0.994	0.005
3913.750	22.000

PHARMACY TREND DEVELOPMENT

NON-SPECIALTY DRUGS - UTILIZATION TREND

Incurred Date	MONTHLY DATA				ROLLING 12				EXPONENTIAL FIT	
	Membership	Supply	Supply per Member	Monthly Utilization Trend	Membership	Supply	Supply per Member	Rolling 12 Utilization Trend	Monthly Data	Rolling 12 Data
Jan-14	63,462	1,784,517	28.119							
Feb-14	63,062	1,738,302	27.565						28.441	29.521
Mar-14	63,023	1,952,724	30.984						28.510	29.543
Apr-14	62,894	1,816,438	28.881						28.587	29.568
May-14	65,068	1,887,708	29.011						28.662	29.592
Jun-14	65,268	1,879,337	28.794						28.739	29.617
Jul-14	65,898	1,949,702	29.587						28.814	29.641
Aug-14	66,182	1,936,044	29.253						28.892	29.665
Sep-14	65,956	1,987,622	30.136						28.970	29.690
Oct-14	65,765	2,063,484	31.377						29.046	29.714
Nov-14	65,619	1,888,620	28.782						29.124	29.739
Dec-14	65,261	2,207,003	33.818		777,458	23,091,501	29.701		29.200	29.763
Jan-15	67,793	1,989,911	29.353	4.4%	781,789	23,296,895	29.799		29.279	29.788
Feb-15	68,205	1,896,102	27.800	0.9%	786,932	23,454,695	29.805		29.358	29.813
Mar-15	69,532	2,150,690	30.931	-0.2%	793,441	23,652,661	29.810		29.430	29.835
Apr-15	69,682	2,031,549	29.155	0.9%	800,229	23,867,772	29.826		29.509	29.860
May-15	69,054	2,043,655	29.595	2.0%	804,215	24,023,719	29.872		29.586	29.884
Jun-15	69,063	2,078,054	30.089	4.5%	808,010	24,222,436	29.978		29.666	29.909
Jul-15	68,691	2,041,347	29.718	0.4%	810,803	24,314,081	29.988		29.744	29.933
Aug-15	68,199	2,030,208	29.769	1.8%	812,820	24,408,245	30.029		29.824	29.958
Sep-15	67,893	2,031,185	29.917	-0.7%	814,757	24,451,808	30.011		29.905	29.983
Oct-15	67,833	2,082,097	30.694	-2.2%	816,825	24,470,421	29.958		29.983	30.007
Nov-15	67,475	2,027,339	30.046	4.4%	818,681	24,609,140	30.059		30.064	30.032
Dec-15	67,448	2,257,714	33.473	-1.0%	820,868	24,659,851	30.041	1.1%	30.142	30.056
Jan-16	69,220	1,994,808	28.818	-1.8%	822,295	24,664,748	29.995	0.7%	30.224	30.082
Feb-16	69,732	2,006,176	28.770	3.5%	823,822	24,774,822	30.073	0.9%	30.305	30.107
Mar-16	70,277	2,225,110	31.662	2.4%	824,567	24,849,242	30.136	1.1%	30.382	30.130
Apr-16	70,192	2,028,688	28.902	-0.9%	825,077	24,846,381	30.114	1.0%	30.464	30.155
May-16	70,225	2,114,612	30.112	1.7%	826,248	24,917,338	30.157	1.0%	30.544	30.180
Jun-16	70,355	2,141,899	30.444	1.2%	827,540	24,981,183	30.187	0.7%	30.626	30.205
Jul-16	70,575	2,086,600	29.566	-0.5%	829,424	25,026,436	30.173	0.6%	30.706	30.229
Aug-16	70,663	2,183,866	30.905	3.8%	831,888	25,180,094	30.269	0.8%	30.789	30.254
Sep-16	70,778	2,139,454	30.228	1.0%	834,773	25,288,363	30.294	0.9%	30.872	30.280
Oct-16	70,949	2,205,488	31.086	1.3%	837,889	25,411,754	30.328	1.2%	30.953	30.304
Nov-16	71,013	2,180,740	30.709	2.2%	841,427	25,565,155	30.383	1.1%	31.036	30.329
Dec-16	70,994	2,362,756	33.281	-0.6%	844,973	25,670,197	30.380	1.1%	31.117	30.354

Exponential Trend: 3.2% 1.0%



Regressions

24 Months on Monthly

1.000	0.758
0.000	1.601
0.194	0.039
5.298	22.000

24 Months on Annual

1.000	9.624
0.000	0.057
0.949	0.001
405.224	22.000

BLUE CROSS AND BLUE SHIELD OF VERMONT
2018 VERMONT QUALIFIED HEALTH PLANS RATE FILING

EXHIBIT 3E

PHARMACY TREND DEVELOPMENT
NON-SPECIALTY UTILIZATION TREND CALCULATION

Month	Membership	Total Days Supply	Days Supply PMPM	Regression on Adjusted PMPM - 18 Months	Average Induced Utilization Factor	Normalization Factor for Induced Utilization	Adjusted Days Supply - Normalized for Induced Utilization Factor	Adjusted PMPM	Regression on Adjusted PMPM - 18 Months
Jan-15	67,793	1,989,911	29.35	29.28	0.7824	1.0513	2,091,942	30.86	30.36
Feb-15	68,205	1,896,102	27.80	29.36	0.7847	1.0482	1,987,466	29.14	30.39
Mar-15	69,532	2,150,690	30.93	29.43	0.7858	1.0468	2,251,280	32.38	30.41
Apr-15	69,682	2,031,549	29.15	29.51	0.7919	1.0388	2,110,314	30.28	30.44
May-15	69,054	2,043,655	29.60	29.59	0.7970	1.0321	2,109,262	30.55	30.46
Jun-15	69,063	2,078,054	30.09	29.67	0.8015	1.0262	2,132,558	30.88	30.49
Jul-15	68,691	2,041,347	29.72	29.74	0.8064	1.0200	2,082,159	30.31	30.52
Aug-15	68,199	2,030,208	29.77	29.82	0.8102	1.0152	2,061,163	30.22	30.54
Sep-15	67,893	2,031,185	29.92	29.90	0.8131	1.0116	2,054,808	30.27	30.57
Oct-15	67,833	2,082,097	30.69	29.98	0.8155	1.0087	2,100,190	30.96	30.60
Nov-15	67,475	2,027,339	30.05	30.06	0.8177	1.0059	2,039,347	30.22	30.62
Dec-15	67,448	2,257,714	33.47	30.14	0.8202	1.0028	2,264,117	33.57	30.65
Jan-16	69,220	1,994,808	28.82	30.22	0.8206	1.0024	1,999,527	28.89	30.67
Feb-16	69,732	2,006,176	28.77	30.31	0.8186	1.0048	2,015,866	28.91	30.70
Mar-16	70,277	2,225,110	31.66	30.38	0.8175	1.0061	2,238,742	31.86	30.73
Apr-16	70,192	2,028,688	28.90	30.46	0.8149	1.0093	2,047,633	29.17	30.75
May-16	70,225	2,114,612	30.11	30.54	0.8141	1.0104	2,136,686	30.43	30.78
Jun-16	70,355	2,141,899	30.44	30.63	0.8142	1.0102	2,163,779	30.76	30.81
Jul-16	70,575	2,086,600	29.57	30.71	0.8147	1.0096	2,106,694	29.85	30.83
Aug-16	70,663	2,183,866	30.91	30.79	0.8156	1.0086	2,202,607	31.17	30.86
Sep-16	70,778	2,139,454	30.23	30.87	0.8169	1.0070	2,154,334	30.44	30.89
Oct-16	70,949	2,205,488	31.09	30.95	0.8188	1.0046	2,215,679	31.23	30.91
Nov-16	71,013	2,180,740	30.71	31.04	0.8204	1.0026	2,186,370	30.79	30.94
Dec-16	70,994	2,362,756	33.28	31.12	0.8226	1.0000	2,362,756	33.28	30.96

Annual Increase

3.2%

1.0%

Regressions	Regression on Adjusted PMPM - 24 Months		Regression on Adjusted PMPM - 24 Months	
	1.00009	0.7581	1.00003	9.3459
	0.00004	1.6007	0.00004	1.5904
	19.41%	0.0391	2.47%	0.0388
	5.29770	22	0.55806	22

Impact of Benefit Changes

-2.1%

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2018 VERMONT QUALIFIED HEALTH PLANS RATE FILING**

Exhibit 3F

**PHARMACY TREND DEVELOPMENT
GENERIC DISPENSING RATE**

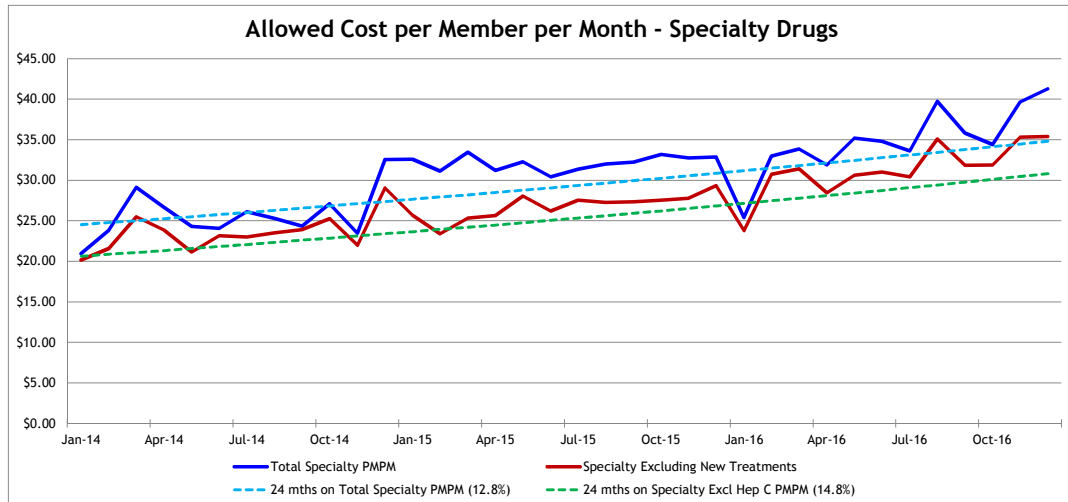
Month	Days Supply				Generic Dispensing Rate	
	Generic	Brands Losing Exclusivity	Brand	Total Non- Specialty	Monthly	Rolling 12
Jan-16	1,768,349		226,459	1,994,808	88.6%	
Feb-16	1,774,328		231,848	2,006,176	88.4%	
Mar-16	1,953,550		271,560	2,225,110	87.8%	
Apr-16	1,796,422		232,266	2,028,688	88.6%	
May-16	1,872,858		241,754	2,114,612	88.6%	
Jun-16	1,902,517		239,382	2,141,899	88.8%	
Jul-16	1,853,654		232,946	2,086,600	88.8%	
Aug-16	1,937,706		246,160	2,183,866	88.7%	
Sep-16	1,888,175		251,279	2,139,454	88.3%	
Oct-16	1,953,044		252,444	2,205,488	88.6%	
Nov-16	1,924,030		256,710	2,180,740	88.2%	
Dec-16	2,073,994		288,762	2,362,756	87.8%	88.4%
Jan-17	1,768,349	16,061	210,398	1,994,808	89.5%	88.5%
Feb-17	1,774,328	14,595	217,253	2,006,176	89.2%	88.5%
Mar-17	1,953,550	17,987	253,573	2,225,110	88.6%	88.6%
Apr-17	1,796,422	20,941	211,325	2,028,688	89.6%	88.7%
May-17	1,872,858	10,060	231,694	2,114,612	89.0%	88.7%
Jun-17	1,902,517	11,858	227,524	2,141,899	89.4%	88.8%
Jul-17	1,853,654	11,864	221,082	2,086,600	89.4%	88.8%
Aug-17	1,937,706	12,545	233,615	2,183,866	89.3%	88.9%
Sep-17	1,888,175	12,747	238,532	2,139,454	88.9%	88.9%
Oct-17	1,953,044	11,750	240,694	2,205,488	89.1%	89.0%
Nov-17	1,924,030	8,829	247,881	2,180,740	88.6%	89.0%
Dec-17	2,073,994	24,980	263,783	2,362,756	88.8%	89.1%
Jan-18	1,768,349	39,517	186,942	1,994,808	90.6%	89.2%
Feb-18	1,774,328	37,937	193,911	2,006,176	90.3%	89.3%
Mar-18	1,953,550	47,360	224,200	2,225,110	89.9%	89.4%
Apr-18	1,796,422	40,487	191,779	2,028,688	90.5%	89.5%
May-18	1,872,858	28,199	213,555	2,114,612	89.9%	89.5%
Jun-18	1,902,517	27,854	211,528	2,141,899	90.1%	89.6%
Jul-18	1,853,654	26,886	206,060	2,086,600	90.1%	89.7%
Aug-18	1,937,706	29,453	216,707	2,183,866	90.1%	89.7%
Sep-18	1,888,175	29,096	222,183	2,139,454	89.6%	89.8%
Oct-18	1,953,044	28,529	223,915	2,205,488	89.8%	89.9%
Nov-18	1,924,030	26,560	230,150	2,180,740	89.4%	89.9%
Dec-18	2,073,994	27,854	260,908	2,362,756	89.0%	89.9%

PHARMACY TREND DEVELOPMENT
SPECIALTY TREND CALCULATIONS

MONTHLY DATA					PMPM		Rolling 12 PMPM		EXPONENTIAL FIT	
Incurred Date	Members	All Other Specialty Allowed Charges (after adjustment for Contract Changes)	New Treatments ¹ Allowed Charges (after adjustment for Contract Changes)	Total Specialty Drug Allowed Charges (after adjustment for Contract Changes)	Total Specialty PMPM	Specialty Excluding New Treatments	Total Specialty PMPM	Specialty Excluding New Treatments PMPM	Total Specialty	Specialty Excluding New Treatments
Jan-14	63,462	\$1,279,106	\$50,841	\$1,329,948	\$20.96	\$20.16			\$24.54	\$20.65
Feb-14	63,062	\$1,361,463	\$141,241	\$1,502,705	\$23.83	\$21.59			\$24.80	\$20.89
Mar-14	63,023	\$1,606,560	\$229,781	\$1,836,341	\$29.14	\$25.49			\$25.03	\$21.11
Apr-14	62,894	\$1,500,463	\$177,757	\$1,678,220	\$26.68	\$23.86			\$25.28	\$21.36
May-14	65,068	\$1,376,908	\$205,470	\$1,582,378	\$24.32	\$21.16			\$25.53	\$21.60
Jun-14	65,268	\$1,512,107	\$58,802	\$1,570,909	\$24.07	\$23.17			\$25.79	\$21.85
Jul-14	65,898	\$1,516,506	\$205,470	\$1,721,976	\$26.13	\$23.01			\$26.05	\$22.10
Aug-14	66,182	\$1,556,564	\$118,279	\$1,674,843	\$25.31	\$23.52			\$26.32	\$22.36
Sep-14	65,956	\$1,576,467	\$29,738	\$1,606,205	\$24.35	\$23.90			\$26.59	\$22.62
Oct-14	65,765	\$1,661,032	\$121,321	\$1,782,353	\$27.10	\$25.26			\$26.85	\$22.88
Nov-14	65,619	\$1,441,244	\$100,365	\$1,541,609	\$23.49	\$21.96			\$27.13	\$23.15
Dec-14	65,261	\$1,895,022	\$229,036	\$2,124,058	\$32.55	\$29.04	\$25.66	\$23.52	\$27.39	\$23.41
Jan-15	67,793	\$1,742,077	\$466,854	\$2,208,931	\$32.58	\$25.70	\$26.64	\$23.98	\$27.67	\$23.69
Feb-15	68,205	\$1,596,517	\$525,848	\$2,122,365	\$31.12	\$23.41	\$27.26	\$24.12	\$27.96	\$23.96
Mar-15	69,532	\$1,762,410	\$564,260	\$2,326,670	\$33.46	\$25.35	\$27.65	\$24.12	\$28.22	\$24.22
Apr-15	69,682	\$1,788,244	\$385,869	\$2,174,113	\$31.20	\$25.66	\$28.04	\$24.27	\$28.51	\$24.50
May-15	69,054	\$1,938,388	\$291,755	\$2,230,143	\$32.30	\$28.07	\$28.70	\$24.85	\$28.79	\$24.78
Jun-15	69,063	\$1,810,573	\$291,086	\$2,101,659	\$30.43	\$26.22	\$29.23	\$25.10	\$29.08	\$25.07
Jul-15	68,691	\$1,891,451	\$264,661	\$2,156,111	\$31.39	\$27.54	\$29.66	\$25.48	\$29.37	\$25.36
Aug-15	68,199	\$1,859,001	\$323,451	\$2,182,451	\$32.00	\$27.26	\$30.21	\$25.79	\$29.67	\$25.65
Sep-15	67,893	\$1,855,272	\$333,055	\$2,188,327	\$32.23	\$27.33	\$30.85	\$26.07	\$29.98	\$25.95
Oct-15	67,833	\$1,869,592	\$382,081	\$2,251,673	\$33.19	\$27.56	\$31.35	\$26.26	\$30.27	\$26.25
Nov-15	67,475	\$1,873,286	\$336,026	\$2,209,312	\$32.74	\$27.76	\$32.10	\$26.73	\$30.59	\$26.56
Dec-15	67,448	\$1,978,439	\$239,821	\$2,218,260	\$32.89	\$29.33	\$32.12	\$26.76	\$30.89	\$26.86
Jan-16	69,220	\$1,647,744	\$112,287	\$1,760,031	\$25.43	\$23.80	\$31.52	\$26.60	\$31.20	\$27.17
Feb-16	69,732	\$2,144,163	\$155,355	\$2,299,517	\$32.98	\$30.75	\$31.68	\$27.21	\$31.52	\$27.49
Mar-16	70,277	\$2,208,435	\$170,115	\$2,378,549	\$33.85	\$31.42	\$31.71	\$27.73	\$31.83	\$27.79
Apr-16	70,192	\$1,996,994	\$241,139	\$2,238,133	\$31.89	\$28.45	\$31.77	\$27.97	\$32.15	\$28.12
May-16	70,225	\$2,150,156	\$321,715	\$2,471,871	\$35.20	\$30.62	\$32.02	\$28.18	\$32.47	\$28.44
Jun-16	70,355	\$2,183,180	\$264,166	\$2,447,346	\$34.79	\$31.03	\$32.39	\$28.59	\$32.80	\$28.77
Jul-16	70,575	\$2,146,520	\$227,447	\$2,373,967	\$33.64	\$30.41	\$32.58	\$28.83	\$33.13	\$29.10
Aug-16	70,663	\$2,477,956	\$330,555	\$2,808,511	\$39.75	\$35.07	\$33.23	\$29.49	\$33.47	\$29.44
Sep-16	70,778	\$2,253,604	\$282,355	\$2,535,958	\$35.83	\$31.84	\$33.53	\$29.86	\$33.81	\$29.79
Oct-16	70,949	\$2,261,478	\$179,963	\$2,441,441	\$34.41	\$31.87	\$33.64	\$30.22	\$34.15	\$30.12
Nov-16	71,013	\$2,507,540	\$308,874	\$2,816,414	\$39.66	\$35.31	\$34.22	\$30.85	\$34.50	\$30.48
Dec-16	70,994	\$2,513,073	\$417,381	\$2,930,454	\$41.28	\$35.40	\$34.91	\$31.35	\$34.84	\$30.82

1. New treatments include hepatitis C drugs, PCSK9 inhibitors, and Orkambi

Exponential Trend:	12.8%	14.8%
Aging Adjustment:	1.004	1.004
Adjusted Trend:	12.4%	14.3%



Regressions	24 Months on Monthly		24 Months on Annual	
	1.000328962	2.76675E-05	1.0003764	3.2284E-06
	2.11145E-05	0.894301566	8.499E-06	0.35998499
	91.69%	0.021823318	98.89%	0.00878458
	242.6547656	22	1960.7066	22

PHARMACY TREND DEVELOPMENT
SPECIALTY TREND CALCULATIONS

Restated Specialty Drug Trend

Pharmacy Specialty Claims in the Experience (CY 2016)	A	\$ 29,502,192
Claims Removed from the Experience (CY 2016)		
Hepatitis C	B1	\$1,852,581
PCSK9 Inhibitors	B2	\$58,732
Orkambi	B3	\$1,100,038
Total	B = B1+B2+B3	\$3,011,351
Pharmacy Specialty Claims without Excluded Drugs in the Experience (CY 2016)	C = A - B	\$26,490,841
Projected Specialty Claims using a 14.3% trend for 24 months	D = C x (1.143)^(24/12)	\$34,625,769
Adding Incremental Cost of Excluded Treatments for the Projection Period		
Hepatitis C	E1	\$2,331,846
PCSK9 Inhibitors	E2	\$138,358
Orkambi	E3	\$2,220,606
Total	E = E1+E2+E3	\$4,690,811
Adjustment for Ocrevus	F	(\$970,108)
Restated Projected Specialty Claims	G = D + E + F	\$38,346,473
Restated Specialty Trend	H = (G/A)^(12/24) -1	14.0%

BLUE CROSS AND BLUE SHIELD OF VERMONT
2018 VERMONT QUALIFIED HEALTH PLANS RATE FILING

EXHIBIT 3H

PHARMACY TREND DEVELOPMENT
SUMMARY

		(1)	(2)	(3) = (1) + (2)	(4)	(5) = (3) + (4)	
		Generic	Brand	Non-Specialty Total	Specialty	Total Pharmacy	PMPM
<u>Experience Period - Calendar Year 2016</u>							
Member Months						844,973	
# Days Supply	a	22,698,627	2,971,570	25,670,197	162,338	25,832,535	
Allowed Charge per Supply	b	\$0.75	\$10.04		\$181.73		
Total Allowed Charges	c=a*b	\$16,958,417	\$29,848,858	\$46,807,275	\$29,502,192	\$76,309,467	\$90.31
<u>Utilization Trends</u>							
Projected Utilization Trend	d			0.5%			
Projected # Days Supply (1 yr)	e=a*(1+d) ²			25,932,539			
Projected Rolling-12 dispensing rate (Generic and Brand split)	f	89.9%	10.1%				
Non-Specialty Projected # Days Supply: Generic and Brand	g=f*e	23,324,316	2,608,224				
Utilization Trends: Generic and Brand	h=(g/a) ^{0.5} -1	1.4%	-6.3%				
<u>Cost Trends</u>							
Calculated Annual Trend	i	4.6%	12.4%				
Projected Allowed Charge per Supply	j=b*(1+i) ²	\$0.82	\$12.70				
Projected Total Allowed Charges before Contract Changes	k=g*j	\$19,052,884	\$33,112,815	\$52,165,700	\$38,346,473	\$90,512,173	\$107.12
Annual Trend before Contract Changes	l=(k/c) ^{0.5}	6.0%	5.3%		14.0%	8.9%	
Reduction of Projected Claims due to Contract Changes	m	0.9145	1.0000		1.0000		
Projected Total Allowed Charges after Contract Changes	n=k*m	\$17,424,618	\$33,112,815	\$50,537,434	\$38,346,473	\$88,883,907	\$105.19

BLUE CROSS AND BLUE SHIELD OF VERMONT
2018 VERMONT QUALIFIED HEALTH PLANS RATE FILING

EXHIBIT 31

MEDICAL TREND DEVELOPMENT
PROJECTION FACTOR FOR INDEX RATE CALCULATION

ANNUAL TREND FACTORS			
Claim Type	Cost	Utilization	Total
Medical	2.6%	2.0%	4.7%
Pharmacy	8.4%	0.5%	8.9%
Dental	5.0%	5.0%	10.3%
Vision	0.0%	0.0%	0.0%

Claim Type	CY 2016 Allowed PMPM - Adjusted for Network and Small Group Definition	Cost Trend (24mths)	Adding Cost	Utilization Trend (24mths)	CY 2018 Allowed PMPM - Adjusted for Network and Small Group Definition	Impact of Pharmacy Contract	CY 2018 Allowed PMPM - After Pharmacy Contract Change
Medical Claims	\$445.27	1.0527	\$468.73	1.0404	\$487.67	1.0000	\$487.67
Pharmacy Claims	\$90.31	1.1751	\$106.12	1.0100	\$107.18	0.9820	\$105.25
Dental Claims	\$1.82	1.1035	\$2.01	1.1035	\$2.21	1.0000	\$2.21
Vision claims	\$0.09	1.0000	\$0.09	1.0000	\$0.09	1.0000	\$0.09
Total	\$537.49		\$576.95		\$597.15		\$595.23

Cost Trend Factor	1+d ₁	1.0734
Utilization Trend Factor	1+d ₂	1.0350
Impact of Pharmacy Contract Changes factor	1+c ₅	0.9968

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2018 VERMONT QUALIFIED HEALTH PLANS RATE FILING**

Exhibit 4

EXPECTED RISK ADJUSTMENT TRANSFERS

Issuer Average Plan Liability Risk Score	BCBSVT	MVP
Interim Report 2015	1.358	1.341
March 18, 2016 RATEE Report	1.531	N/A
Final Report 2015	1.566	1.399
<i>Completion</i>	1.023	1.023
<i>Supplemental Diagnoses</i>	1.000	1.020
Interim Report 2016	1.447	1.329
<i>Completion</i>	1.058	1.023
<i>Supplemental Diagnoses</i>	1.003	1.020
Projected Final Report 2016	1.536	1.387
<i>Impact of Projected Member Movement</i>	1.002	1.000
<i>Supplemental Diagnoses</i>	1.007	1.020
Projected Final Report 2017	1.549	1.414
<i>Impact of Projected Member Movement</i>	1.005	1.000
<i>Supplemental Diagnoses</i>	1.013	1.020
Projected Final Report 2018	1.578	1.442

Transfer Amounts	Combined Market	Catastrophic Market
Actual 2015	-\$503,587	-\$77,701
Interim Report 2016	-\$227,321	-\$22,365
Estimated 2016	-\$771,728	-\$21,195
Estimated 2017	-\$246,141	-\$23,353
Estimated 2018	-\$88,577	-\$24,555

* receivable are expressed as negative numbers

Projected Risk Adjustment Transfer	-\$113,132
Projected Risk Adjustment Fee (\$1.68 per enrollee per year)	\$117,659
Net Projected Risk Adjustment	\$4,527
Member Months	840,420
Net Projected Risk Adjustment PMPM	\$0.01
Paid to Allowed Ratio (from Exh 6C)	79.18%
Market Wide Adjustment for the Risk Adjustment Program	\$0.01

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2018 VERMONT QUALIFIED HEALTH PLANS RATE FILING**

Exhibit 5

INDEX RATE CALCULATION

<u>Index Rate : Experience Period Allowed Claims for EHB</u>	A	\$538.39
<u>Adjustments from Experience Period to Projection Period</u>		
Population Risk Morbidity		
Impact of the Change in Small Group definition	1+b ₁	0.9984
Impact of the take-up rate of the Uninsured	1+b ₂	1.0000
Impact of the Health Status of the newly insured	1+b ₃	1.0012
Impact of insured formerly on Employer coverage	1+b ₄	1.0000
Impact of new enrollment from prior high risk pool	1+b ₅	1.0000
Impact of mandated coverage on morbidity	1+b ₆	1.0000
Impact of Pent-up demand	1+b ₇	1.0000
Impact of VHC Adjustments	1+b ₈	0.9990
Changes in pool morbidity	1+b ₉	0.9991
Other		
Impact of different benefit plans (in experience vs projection)	1+c ₁	1.0035
Changes in provider networks	1+c ₂	0.9999
Changes in demographics (age, gender, region, etc.)	1+c ₃	1.0100
Changes in pharmacy rebates	1+c ₄	1.0000
Changes in pharmacy contract	1+c ₅	0.9968
Impact of Selection	1+c ₆	1.0199
		<hr/>
<u>Adjusted Experience Period Allowed Claims for EHB</u>	C	\$553.46
Trend Factors		
Cost Trend	1+d ₁	1.0734
Utilization Trend	1+d ₂	1.0350
		<hr/>
<u>Projected Period Allowed Claims for Experience EHB</u>	D	\$614.89
Additional Adjustments for Non System Claims		
Projected Pharmacy Rebates	e ₁	-\$12.88
Projected Blue Print Payments	e ₂	\$3.69
Projected ITS Fees	e ₃	\$1.91
Projected Vaccine Payments	e ₄	\$1.94
Projected Net cost of Reinsurance	e ₅	\$1.65
Additional Adjustments for Additional Benefits		
<u>Projected Index Rate</u>	F = D + e₁ + e₂ + e₃ + e₄ + e₅	\$611.21
<u>Market Wide Adjustments</u>		
Risk Adjustment Payments and Fees	g ₁	\$0.01
Transitional Reinsurance Payments and Recoveries	g ₂	\$0.00
Vermont Exchange Fees	g ₃	\$0.00
		<hr/>
<u>Market Adjusted Index Rate</u>	H = E + g₁ + g₂ + g₃	\$611.22

BLUE CROSS AND BLUE SHIELD OF VERMONT
2018 VERMONT QUALIFIED HEALTH PLANS RATE FILING

Exhibit 6A

PLAN LEVEL ADJUSTMENT SUMMARY

	GOLD Blue Rewards	GOLD Blue Rewards CDHP	NON-STANDARD PLANS		BRONZE Blue Rewards	BRONZE Blue Rewards CDHP	STANDARD PLANS							Catastrophic Blue Rewards	Weighted Average
			SILVER Blue Rewards	SILVER Blue Rewards CDHP			PLATINUM Deductible	GOLD Deductible	SILVER Deductible	SILVER CDHP	BRONZE Deductible	BRONZE CDHP	BRONZE Integrated		
Market Adjusted Index Rate	\$611.22	\$611.22	\$611.22	\$611.22	\$611.22	\$611.22	\$611.22	\$611.22	\$611.22	\$611.22	\$611.22	\$611.22	\$611.22	\$611.22	\$611.22
Benefit Richness Adjustment	1.0146	1.0030	0.9675	0.9575	0.9372	0.9359	1.0887	1.0290	0.9761	0.9773	0.9389	0.9402	0.9445	0.9279	
Paid to Allowed Ratio	82.29%	79.49%	73.99%	72.22%	66.57%	66.58%	92.64%	84.94%	75.55%	76.97%	67.53%	68.03%	68.78%	69.15%	
Plan Benefits in addition to EHB	1.0002	1.0002	1.0002	1.0002	1.0002	1.0002	1.0002	1.0002	1.0002	1.0002	1.0002	1.0002	1.0002	1.0002	
For Catastrophic Only - Impact of Eligibility	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.5045	
Expected Claims Cost	\$510.45	\$487.40	\$437.66	\$422.78	\$381.40	\$380.92	\$616.54	\$534.30	\$450.83	\$459.87	\$387.63	\$391.01	\$397.15	\$197.91	\$485.00
Administrative Charges Plan Level Adjustment	1.0751	1.0793	1.0872	1.0912	1.1001	1.1010	1.0569	1.0655	1.0776	1.0762	1.0902	1.0896	1.0881	1.1927	
Taxes and Fees Plan Level Adjustment	1.0398	1.0399	1.0401	1.0402	1.0405	1.0405	1.0395	1.0398	1.0402	1.0401	1.0405	1.0405	1.0405	1.0427	
Contribution to Reserve Plan Level Adjustment	1.0225	1.0225	1.0225	1.0225	1.0225	1.0225	1.0225	1.0225	1.0225	1.0225	1.0225	1.0225	1.0225	1.0225	
Plan Level Adjusted Index Rate	\$583.48	\$559.31	\$506.06	\$490.67	\$446.37	\$446.17	\$692.56	\$605.24	\$516.67	\$526.31	\$449.63	\$453.28	\$459.73	\$251.67	\$554.07
Projected Membership	1,632	8,353	4,081	3,142	484	3,397	12,935	7,353	16,148	6,458	2,364	2,953	501	234	70,035

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2018 VERMONT QUALIFIED HEALTH PLANS RATE FILING**

Exhibit 6B

**PLAN LEVEL ADJUSTMENT
BENEFIT RICHNESS ADJUSTMENT FACTOR**

	NON-STANDARD PLANS						STANDARD PLANS								
	GOLD Blue Rewards	GOLD Blue Rewards CDHP	SILVER Blue Rewards	SILVER Blue Rewards CDHP	BRONZE Blue Rewards	BRONZE Blue Rewards CDHP	PLATINUM Deductible	GOLD Deductible	SILVER Deductible	SILVER CDHP	BRONZE Deductible	BRONZE CDHP	BRONZE Integrated	Catastrophic Blue Rewards	TOTAL
Projected Membership	1,632	8,353	4,081	3,142	484	3,397	12,935	7,353	16,148	6,458	2,364	2,953	501	234	70,035
Base Paid to Allowed Ratio	82.58%	80.61%	73.59%	71.20%	65.23%	64.75%	93.09%	84.86%	75.46%	75.71%	65.82%	66.25%	67.60%	61.48%	1.0804
Benefit Richness Adjustment for EHB	1.0961	1.0837	1.0456	1.0349	1.0132	1.0118	1.1757	1.1115	1.0548	1.0561	1.0150	1.0164	1.0210	1.0032	
Normalized Benefit Richness Adjustment for EHB	1.0145	1.0030	0.9678	0.9579	0.9378	0.9364	1.0881	1.0288	0.9763	0.9775	0.9395	0.9407	0.9450	0.9285	
Projected Period Paid Claims for Experience EHB	\$506.67	\$489.52	\$455.94	\$445.12	\$410.56	\$410.63	\$569.88	\$522.84	\$465.47	\$474.14	\$416.44	\$419.48	\$424.09	\$426.35	1.0000
Benefit Richness Adjustment for EHB	1.0145	1.0030	0.9678	0.9579	0.9378	0.9364	1.0881	1.0288	0.9763	0.9775	0.9395	0.9407	0.9450	0.9285	
Non-System Claims	-\$3.69	-\$3.69	-\$3.69	-\$3.69	-\$3.69	-\$3.69	-\$3.69	-\$3.69	-\$3.69	-\$3.69	-\$3.69	-\$3.69	-\$3.69	-\$3.69	
Market Wide Adjustments (Paid)	\$0.01	\$0.01	\$0.01	\$0.01	\$0.01	\$0.01	\$0.01	\$0.01	\$0.01	\$0.01	\$0.01	\$0.01	\$0.01	\$0.01	
Total Paid Claims with Benefit Richness Adjustment	\$510.36	\$487.32	\$437.59	\$422.70	\$381.34	\$380.85	\$616.44	\$534.21	\$450.75	\$459.79	\$387.56	\$390.94	\$397.08	\$392.19	
Overall Benefit Richness Adjustment	1.0146	1.0030	0.9675	0.9575	0.9372	0.9359	1.0887	1.0290	0.9761	0.9773	0.9389	0.9402	0.9445	0.9279	

BLUE CROSS AND BLUE SHIELD OF VERMONT
2018 VERMONT QUALIFIED HEALTH PLANS RATE FILING

Exhibit 6C

PLAN LEVEL ADJUSTMENT
PAID TO ALLOWED RATIOS

	NON-STANDARD PLANS						STANDARD PLANS							Catastrophic Blue Rewards	Total
	GOLD Blue Rewards	GOLD Blue Rewards CDHP	SILVER Blue Rewards	SILVER Blue Rewards CDHP	BRONZE Blue Rewards	BRONZE Blue Rewards CDHP	PLATINUM Deductible	GOLD Deductible	SILVER Deductible	SILVER CDHP	BRONZE Deductible	BRONZE CDHP	BRONZE Integrated		
Projected Membership	1,632	8,353	4,081	3,142	484	3,397	12,935	7,353	16,148	6,458	2,364	2,953	501	234	70,035
Projected Period Allowed Claims for Experience EHB	\$614.89	\$614.89	\$614.89	\$614.89	\$614.89	\$614.89	\$614.89	\$614.89	\$614.89	\$614.89	\$614.89	\$614.89	\$614.89	\$614.89	\$614.89
Paid to Allowed Ratio for EHB Portion	82.40%	79.61%	74.15%	72.39%	66.77%	66.78%	92.68%	85.03%	75.70%	77.11%	67.73%	68.22%	68.97%	69.34%	79.18%
Projected Period Paid Claims for Experience EHB	\$506.67	\$489.52	\$455.94	\$445.12	\$410.56	\$410.63	\$569.88	\$522.84	\$465.47	\$474.14	\$416.44	\$419.48	\$424.09	\$426.35	\$486.88
Non-System Claims	-\$3.69	-\$3.69	-\$3.69	-\$3.69	-\$3.69	-\$3.69	-\$3.69	-\$3.69	-\$3.69	-\$3.69	-\$3.69	-\$3.69	-\$3.69	-\$3.69	-\$3.69
Market Wide Adjustments (Paid)	\$0.01	\$0.01	\$0.01	\$0.01	\$0.01	\$0.01	\$0.01	\$0.01	\$0.01	\$0.01	\$0.01	\$0.01	\$0.01	\$0.01	\$0.01
Market Wide Adjustments (Allowed)	\$0.01	\$0.01	\$0.01	\$0.01	\$0.01	\$0.01	\$0.01	\$0.01	\$0.01	\$0.01	\$0.01	\$0.01	\$0.01	\$0.01	\$0.01
Market Adjusted Index Rate	\$611.22	\$611.22	\$611.22	\$611.22	\$611.22	\$611.22	\$611.22	\$611.22	\$611.22	\$611.22	\$611.22	\$611.22	\$611.22	\$611.22	\$611.22
Total Paid Claims	\$502.99	\$485.84	\$452.27	\$441.44	\$406.89	\$406.95	\$566.21	\$519.17	\$461.80	\$470.47	\$412.77	\$415.80	\$420.41	\$422.68	\$483.20
Paid to Allowed Ratio	82.29%	79.49%	73.99%	72.22%	66.57%	66.58%	92.64%	84.94%	75.55%	76.97%	67.53%	68.03%	68.78%	69.15%	79.06%

For Section 3 of worksheet 1 of the URRT

Expected Claims Cost (from Exhibit 6A)	\$485.00
Non-EHB benefit claims cost	\$0.08
Market-wide adjustment	-\$0.01
Projected Incurred Claims, before market-wide adjustments	\$485.07
Projected Index Rate	\$611.21
Projected Non-EHB Allowed Claims	\$0.10
Projected Allowed Experience Claims	\$611.31
Paid to Allowed Ratio = \$485.07/\$611.31	79.3%

BLUE CROSS AND BLUE SHIELD OF VERMONT
2018 VERMONT QUALIFIED HEALTH PLANS RATE FILING

Exhibit 6D

PLAN LEVEL ADJUSTMENTS
IMPACT OF SPECIFIC ELIGIBILITY CATEGORIES FOR THE CATASTROPHIC PLAN

	Percent of Eligible Population	Projected Allowed Charges for Experience EHB	Paid to Allowed Ratio for EHB Claims	Projected Paid Claims for EHB Claims
Average Population	100.0%	\$595.23	69.3%	\$412.72
Individual Ages 30 or Less	96.9%	\$326.94	61.5%	\$201.02
Individual Ages over 30	3.1%	\$706.08	69.8%	\$492.91
Weighted Average		\$338.73	62.0%	\$210.09
<i>Allowed Charges Adjustment</i>		<i>0.5691</i>		
<i>Paid to Allowed Ratio Adjustment</i>			<i>0.8945</i>	
<u>Plan Level Adjustment Calculation</u>				
Projected Period Allowed Claims for Experience EHB		\$614.89		
Paid to Allowed Ratio for EHB Portion		69.3%		
Benefit Richness Adjustment for EHB		0.9285		
<i>Adjustment for Allowed Charges and Paid to Allowed Ratio</i>		<i>0.5090</i>		
Projected Period Paid Claims for Experience EHB		\$201.51		
Non-System Claims		-\$3.69		
Market Wide Adjustments		\$0.01		
Non-EHB Benefits		\$0.07		
Expected Claims Cost		\$197.91		
Market Adjusted Index Rate		\$611.22		
Paid to Allowed Ratio		69.2%		
Benefit Richness Adjustment		0.9279		
Plan Benefits in addition to EHB		1.0002		
For Catastrophic Only - Impact of Eligibility		0.5045		
Expected Claims Cost		\$197.91		
Total Adjustment for Catastrophic Plan			0.5045	

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2018 VERMONT QUALIFIED HEALTH PLANS RATE FILING**

Exhibit 7A

DETAILS OF ADMINISTRATIVE CHARGES

	NON-STANDARD PLANS						STANDARD PLANS							Catastrophic Blue Rewards	TOTAL
	GOLD Blue Rewards	GOLD Blue Rewards CDHP	SILVER Blue Rewards	SILVER Blue Rewards CDHP	BRONZE Blue Rewards	BRONZE Blue Rewards CDHP	PLATINUM Deductible	GOLD Deductible	SILVER Deductible	SILVER CDHP	BRONZE Deductible	BRONZE CDHP	BRONZE Integrated		
BCBSVT Base Administrative Charges	\$34.60	\$34.60	\$34.60	\$34.60	\$34.60	\$34.60	\$34.60	\$34.60	\$34.60	\$34.60	\$34.60	\$34.60	\$34.60	\$34.60	\$34.60
Administrative Charges for Outside Vendors	\$0.55	\$0.82	\$0.35	\$0.74	\$0.35	\$0.66	\$0.46	\$0.39	\$0.37	\$0.42	\$0.38	\$0.44	\$0.38	\$0.33	\$0.48
Blue Rewards Program	\$3.21	\$3.21	\$3.21	\$3.21	\$3.21	\$3.21	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3.21	\$0.98
Total Administrative Charges PMPM	\$38.35	\$38.63	\$38.16	\$38.55	\$38.16	\$38.46	\$35.05	\$34.99	\$34.96	\$35.02	\$34.98	\$35.03	\$34.98	\$38.14	\$36.06
Administrative Charges Plan Level Adjustment	1.0751	1.0793	1.0872	1.0912	1.1001	1.1010	1.0569	1.0655	1.0776	1.0762	1.0902	1.0896	1.0881	1.1927	1.0743
Administrative Charges as a percent of Premium	6.57%	6.91%	7.54%	7.86%	8.55%	8.62%	5.06%	5.78%	6.77%	6.65%	7.78%	7.73%	7.61%	15.15%	6.51%

Exhibit 7B

Section 1

<u>Minimum Required CTR Calculation</u>		2017 Forecast		Restated to Reflect QHP Premium Increases to 2018		
		Premium	Share of Capital Requirement	Projected Premium Increase	Premium	Share of Capital Requirement
<u>BCBSVT Enterprise Totals</u>						
QHP	A	\$417,566,717	53.49%	12.7%	\$470,533,176	56.44%
BCBSVT and TVHP Large Group Insured	B	\$74,631,421	14.73%		\$74,631,421	13.80%
All Other	C		31.78%			29.76%
Investment Income	D	\$4,598,707			\$4,598,707	
Tax Rate	E		20%			20%
Investment Income Net of Taxes	F = D x (1-E)	\$3,678,966			\$3,678,966	
QHP Share of Investment Income	G = F x B%	\$1,967,815			\$2,076,536	
Estimated YE 2017 Authorized Control Level (ACL)	H		\$23,495,304			
Estimated ACL Reflecting QHP Premium Increases to 2018	J		\$25,438,567			
Increase in Capital Required to Maintain Target RBC	K = 700% x (J-H)		\$13,602,842			
Additional Required Grossed Up for FIT	L = K / (1-E)		\$17,003,552			
CTR Required from QHP in 2018	M = L-G		\$14,927,016			
Required QHP Insured CTR Factor to Maintain Target RBC	CTR = M/\$B		3.2%			

[illegible]

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2018 VERMONT QUALIFIED HEALTH PLANS RATE FILING**

Exhibit 7C

DETAILS OF TAXES AND FEES

	NON-STANDARD PLANS						STANDARD PLANS							Catastrophic	
	GOLD Blue Rewards	GOLD Blue Rewards CDHP	SILVER Blue Rewards	SILVER Blue Rewards CDHP	BRONZE Blue Rewards	BRONZE Blue Rewards CDHP	PLATINUM Deductible	GOLD Deductible	SILVER Deductible	SILVER CDHP	BRONZE Deductible	BRONZE CDHP	BRONZE Integrated	Blue Rewards	Total
State Assessment - HCCA	\$4.04	\$3.86	\$3.46	\$3.34	\$3.01	\$3.00	\$4.89	\$4.23	\$3.56	\$3.64	\$3.06	\$3.08	\$3.13	\$1.54	\$3.84
State Tax - VITL	\$1.00	\$0.96	\$0.86	\$0.83	\$0.75	\$0.75	\$1.22	\$1.05	\$0.89	\$0.90	\$0.76	\$0.77	\$0.78	\$0.38	\$0.95
Federal Assessment - PCORI	\$0.20	\$0.20	\$0.20	\$0.20	\$0.20	\$0.20	\$0.20	\$0.20	\$0.20	\$0.20	\$0.20	\$0.20	\$0.20	\$0.20	\$0.20
Federal Insurer Fee	\$15.17	\$14.54	\$13.16	\$12.76	\$11.61	\$11.60	\$18.01	\$15.74	\$13.43	\$13.68	\$11.69	\$11.79	\$11.95	\$6.54	\$14.41
GMCB Billbacks	\$1.42	\$1.42	\$1.42	\$1.42	\$1.42	\$1.42	\$1.42	\$1.42	\$1.42	\$1.42	\$1.42	\$1.42	\$1.42	\$1.42	\$1.42
Total Taxes and Fees PMPM	\$21.84	\$20.98	\$19.10	\$18.55	\$16.99	\$16.97	\$25.73	\$22.64	\$19.51	\$19.85	\$17.13	\$17.26	\$17.49	\$10.09	\$20.82
Taxes and Fees Plan Level Adjustment	1.0398	1.0399	1.0401	1.0402	1.0405	1.0405	1.0395	1.0398	1.0402	1.0401	1.0405	1.0405	1.0405	1.0427	1.0400
Taxes and Fees as a percent of Premium	3.74%	3.75%	3.77%	3.78%	3.81%	3.80%	3.72%	3.74%	3.78%	3.77%	3.81%	3.81%	3.80%	4.01%	3.76%

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2018 VERMONT QUALIFIED HEALTH PLANS RATE FILING**

Exhibit 7D

AV PRICING VALUE

	GOLD Blue Rewards	GOLD Blue Rewards CDHP	NON-STANDARD PLANS		BRONZE Blue Rewards	BRONZE Blue Rewards CDHP	PLATINUM Deductible	GOLD Deductible	SILVER Deductible	STANDARD PLANS		BRONZE Deductible	BRONZE CDHP	BRONZE Integrated	Catastrophic Blue Rewards
			SILVER Blue Rewards	SILVER Blue Rewards CDHP						SILVER CDHP					
Market Wide Adjusted Index Rate	\$611.22	\$611.22	\$611.22	\$611.22	\$611.22	\$611.22	\$611.22	\$611.22	\$611.22	\$611.22	\$611.22	\$611.22	\$611.22	\$611.22	\$611.22
Plan Level Adjusted Index Rate	\$583.48	\$559.31	\$506.06	\$490.67	\$446.37	\$446.17	\$692.56	\$605.24	\$516.67	\$526.31	\$449.63	\$453.28	\$459.73	\$459.73	\$251.67
AV Pricing Value	95.46%	91.51%	82.79%	80.28%	73.03%	73.00%	113.31%	99.02%	84.53%	86.11%	73.56%	74.16%	75.22%	75.22%	41.18%

BLUE CROSS AND BLUE SHIELD OF VERMONT
2018 VERMONT QUALIFIED HEALTH PLANS RATE FILING
FEDERAL MINIMUM LOSS RATIO for COMBINED MARKET
(PROJECTION)

Exhibit 8

	NON-STANDARD PLANS						STANDARD PLANS								Catastrophic Blue Rewards	TOTAL
	GOLD Blue Rewards	GOLD Blue Rewards CDHP	SILVER Blue Rewards	SILVER Blue Rewards CDHP	BRONZE Blue Rewards	BRONZE Blue Rewards CDHP	PLATINUM Deductible	GOLD Deductible	SILVER Deductible	SILVER CDHP	BRONZE Deductible	BRONZE CDHP	BRONZE Integrated			
Expected Direct Claims PMPM	\$510.92	\$487.69	\$437.55	\$422.55	\$380.84	\$380.35	\$617.86	\$534.96	\$450.83	\$459.93	\$387.12	\$390.53	\$396.71	\$195.88	\$485.27	
Risk Adjustment Transfer Payments PMPM	-\$0.13	-\$0.13	-\$0.13	-\$0.13	-\$0.13	-\$0.13	-\$0.13	-\$0.13	-\$0.13	-\$0.13	-\$0.13	-\$0.13	-\$0.13	-\$0.13	-\$0.13	
Adjustments for Health Care Quality PMPM*	\$6.40	\$6.42	\$6.38	\$6.41	\$6.38	\$6.41	\$3.18	\$3.17	\$3.17	\$3.17	\$3.17	\$3.18	\$3.17	\$6.38	\$4.16	
MLR Claims	\$517.18	\$493.97	\$443.80	\$428.83	\$387.09	\$386.62	\$620.90	\$538.00	\$453.86	\$462.97	\$390.15	\$393.57	\$399.75	\$202.12	\$489.29	
Premium PMPM	\$583.48	\$559.31	\$506.06	\$490.67	\$446.37	\$446.17	\$692.56	\$605.24	\$516.67	\$526.31	\$449.63	\$453.28	\$459.73	\$251.67	\$554.07	
Licensing and regulatory fees	-\$0.14	-\$0.14	-\$0.14	-\$0.14	-\$0.14	-\$0.14	-\$0.14	-\$0.14	-\$0.14	-\$0.14	-\$0.14	-\$0.14	-\$0.14	-\$0.14	-\$0.14	
Taxes & Fees PMPM	-\$1.21	-\$1.16	-\$1.06	-\$1.03	-\$0.95	-\$0.95	-\$1.42	-\$1.26	-\$1.09	-\$1.11	-\$0.96	-\$0.97	-\$0.98	-\$0.59	-\$1.16	
MLR Premium	\$582.13	\$558.01	\$504.85	\$489.49	\$445.28	\$445.08	\$691.00	\$603.85	\$515.44	\$525.07	\$448.53	\$452.17	\$458.61	\$250.95	\$552.77	
Expected Loss Ratio	88.8%	88.5%	87.9%	87.6%	86.9%	86.9%	89.9%	89.1%	88.1%	88.2%	87.0%	87.0%	87.2%	80.5%	88.5%	
Projected Membership	1,632	8,353	4,081	3,142	484	3,397	12,935	7,353	16,148	6,458	2,364	2,953	501	234	70,035	

*Approximately 9.06% of current BCBSVT Administrative Charges are for health care quality plus the Blue Rewards PMPM

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2018 VERMONT QUALIFIED HEALTH PLANS RATE FILING**

Exhibit 9A

CONTRACT CONVERSION FACTOR

	NON-STANDARD PLANS						STANDARD PLANS							Catastrophic Blue Rewards	Total
	GOLD Blue Rewards	GOLD Blue Rewards CDHP	SILVER Blue Rewards	SILVER Blue Rewards CDHP	BRONZE Blue Rewards	BRONZE Blue Rewards CDHP	PLATINUM Deductible	GOLD Deductible	SILVER Deductible	SILVER CDHP	BRONZE Deductible	BRONZE CDHP	BRONZE Integrated		
Inforce Membership	1,632	8,792	4,554	0	0	2,678	12,935	7,353	17,354	7,717	2,889	3,897	0	234	70,035
Plan Level Adjusted Index Rate	\$583.48	\$559.31	\$506.06	\$490.67	\$446.37	\$446.17	\$692.56	\$605.24	\$516.67	\$526.31	\$449.63	\$453.28	\$459.73	\$251.67	\$555.86
Average Members per Subscribers	1.6568	1.6568	1.6568	1.6568	1.6568	1.6568	1.6568	1.6568	1.6568	1.6568	1.6568	1.6568	1.6568	1.0308	
Average Tier Factor	1.4828	1.4828	1.4828	1.4828	1.4828	1.4828	1.4828	1.4828	1.4828	1.4828	1.4828	1.4828	1.4828	1.0250	
Ratio of Members per Subscribers to Tier Factor	1.1173	1.1173	1.1173	1.1173	1.1173	1.1173	1.1173	1.1173	1.1173	1.1173	1.1173	1.1173	1.1173	1.0057	
Preliminary 2018 Rates															
Single Rate	\$651.92	\$624.92	\$565.42	\$548.23	\$498.73	\$498.51	\$773.80	\$676.23	\$577.28	\$588.05	\$502.37	\$506.45	\$513.66	\$253.10	
Couple Rate	\$1,303.84	\$1,249.84	\$1,130.84	\$1,096.46	\$997.46	\$997.02	\$1,547.60	\$1,352.46	\$1,154.56	\$1,176.10	\$1,004.74	\$1,012.90	\$1,027.32	\$506.20	
Adult and Child(ren) Rate	\$1,258.21	\$1,206.10	\$1,091.26	\$1,058.08	\$962.55	\$962.12	\$1,493.43	\$1,305.12	\$1,114.15	\$1,134.94	\$969.57	\$977.45	\$991.36	\$488.48	
Family Rate	\$1,831.90	\$1,756.03	\$1,588.83	\$1,540.53	\$1,401.43	\$1,400.81	\$2,174.38	\$1,900.21	\$1,622.16	\$1,652.42	\$1,411.66	\$1,423.12	\$1,443.38	\$711.21	\$554.35
Inforce Contracts															
Single Rate	585	2,257	2,412	0	0	1,115	4,106	2,623	7,733	2,738	1,316	1,590	0	222	Additional Factor for Contract Conversion Factor 100.3%
Couple Rate	148	817	635	0	0	290	1,538	750	2,307	911	339	373	0	2	
Adult and Child(ren) Rate	44	224	72	0	0	58	380	177	365	165	54	83	0	2	
Family Rate	162	1,098	196	0	0	216	1,202	701	1,092	711	201	346	0	1	

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2018 VERMONT QUALIFIED HEALTH PLANS RATE FILING**

Exhibit 9B

CONSUMER ADJUSTED PREMIUM RATES

	GOLD Blue Rewards	GOLD Blue Rewards CDHP	NON-STANDARD PLANS		BRONZE Blue Rewards	BRONZE Blue Rewards CDHP	PLATINUM Deductible	GOLD Deductible	SILVER Deductible	STANDARD PLANS				BRONZE CDHP	BRONZE Integrated	Catastrophic Blue Rewards	Total Annual Premium for Inforce Contracts
			SILVER Blue Rewards	SILVER Blue Rewards CDHP						SILVER CDHP	BRONZE Deductible						
Plan Level Adjusted Index Rate	\$583.48	\$559.31	\$506.06	\$490.67	\$446.37	\$446.17	\$692.56	\$605.24	\$516.67	\$526.31	\$449.63	\$453.28	\$459.73	\$251.67			
PMPM to Single Contract Conversion Factor	1.1203	1.1203	1.1203	1.1203	1.1203	1.1203	1.1203	1.1203	1.1203	1.1203	1.1203	1.1203	1.1203	1.0084			
2018 Proposed Rates																	
Single Rate	\$653.70	\$626.62	\$566.96	\$549.72	\$500.09	\$499.87	\$775.91	\$678.08	\$578.85	\$589.65	\$503.74	\$507.83	\$515.06	\$253.80			
Couple Rate	\$1,307.40	\$1,253.24	\$1,133.92	\$1,099.44	\$1,000.18	\$999.74	\$1,551.82	\$1,356.16	\$1,157.70	\$1,179.30	\$1,007.48	\$1,015.66	\$1,030.12	\$507.60			
Adult and Child(ren) Rate	\$1,261.64	\$1,209.38	\$1,094.23	\$1,060.96	\$965.17	\$964.75	\$1,497.51	\$1,308.69	\$1,117.18	\$1,138.02	\$972.22	\$980.11	\$994.07	\$489.83			
Family Rate	\$1,836.90	\$1,760.80	\$1,593.16	\$1,544.71	\$1,405.25	\$1,404.63	\$2,180.31	\$1,905.40	\$1,626.57	\$1,656.92	\$1,415.51	\$1,427.00	\$1,447.32	\$713.18			\$467,156,220
2017 Approved Rates																	
Single Rate	\$582.30	\$553.14	\$507.01			\$438.18	\$686.76	\$603.29	\$520.92	\$515.81	\$440.84	\$442.96		\$239.80			
Couple Rate	\$1,164.60	\$1,106.28	\$1,014.02			\$876.36	\$1,373.52	\$1,206.58	\$1,041.84	\$1,031.62	\$881.68	\$885.92		\$479.60			
Adult and Child(ren) Rate	\$1,123.84	\$1,067.56	\$978.53			\$845.69	\$1,325.45	\$1,164.35	\$1,005.38	\$995.51	\$850.82	\$854.91		\$462.81			
Family Rate	\$1,636.26	\$1,554.32	\$1,424.70			\$1,231.29	\$1,929.80	\$1,695.24	\$1,463.79	\$1,449.43	\$1,238.76	\$1,244.72		\$673.84			\$414,569,895
2018 Proposed Rate Increases																	
Single Rate	12.3%	13.3%	11.8%			14.1%	13.0%	12.4%	11.1%	14.3%	14.3%	14.6%		5.8%			
Couple Rate	12.3%	13.3%	11.8%			14.1%	13.0%	12.4%	11.1%	14.3%	14.3%	14.6%		5.8%			
Adult and Child(ren) Rate	12.3%	13.3%	11.8%			14.1%	13.0%	12.4%	11.1%	14.3%	14.3%	14.6%		5.8%			
Family Rate	12.3%	13.3%	11.8%			14.1%	13.0%	12.4%	11.1%	14.3%	14.3%	14.6%		5.8%			12.7%
Inforce Contracts																	
Single Rate	585	2,257	2,412	0	0	1,115	4,106	2,623	7,733	2,738	1,316	1,590	0	222			
Couple Rate	148	817	635	0	0	290	1,538	750	2,307	911	339	373	0	2			
Adult and Child(ren) Rate	44	224	72	0	0	58	380	177	365	165	54	83	0	2			
Family Rate	162	1,098	196	0	0	216	1,202	701	1,092	711	201	346	0	1			
Projected Contracts																	
Single Rate	585	2,144	2,164	1,207	205	1,397	4,103	2,623	7,236	2,315	1,079	1,208	210	222			
Couple Rate	148	775	569	339	48	361	1,536	751	2,179	785	280	288	49	2			
Adult and Child(ren) Rate	44	213	64	69	11	74	380	177	336	137	44	61	12	2			
Family Rate	162	1,045	175	278	41	282	1,207	702	986	580	164	260	43	1			



May 11, 2017

Mr. Dana Houlihan
Director, Enrollment Policy & Plan Management
VT Health Connect
Department of Vermont Health Access
Via Email Only

Re: State of Vermont Actuarial Value Certification for 2018 Standard Plan Designs - Revised

Dear Dana:

This memo replaces earlier versions provided on May 8, 2017 and February 24, 2017. In prior versions, the 73% Actuarial Value (AV) Cost Sharing Reduction (CSR) plan associated with the standard Silver Deductible plan had an AV that was less than 2.0% higher than the corresponding Silver plan. As required in the federal regulations on plan variation¹ at least a 2 percentage point differential between the standard Silver plan AV and the AV of the 73% CSR plan is required. In order to meet this requirement, the medical deductible for the 73% AV CSR was reduced from \$2,600 to \$2,550.

The memo provided on May 8th updated the prior version to accommodate changes to the minimum deductible required for High Deductible Health Plans (HDHP). The Internal Revenue Code for 2018 per § 223(c)(2)(A), released on May 4, 2017², stated that the individual minimum deductible for HDHPs would increase \$50 to \$1,350 from the 2017 minimum at \$1,300. Additionally, Vermont's statute (H.559 Sec. 32. 8 V.S.A. § 4089) on prescription drug deductibles and MOOPs, is tied to the same minimum deductible for HDHPs. This statute is described in more detail below. The prior memo dated February 24, 2017 did not incorporate any changes to the HDHP plans as the limits had not yet been released. The May 8, 2017 version of the memo updated the Silver and Bronze HDHPs to have a pharmacy deductible and pharmacy MOOP equal to the IRS minimum of \$1,350 in order to maintain status as an HDHP. Similar changes were made to the CSR designs tied to the silver HDHP at the 73% and 77% AV levels. The deductible plans were not updated since they do not need to comply with the IRS limits and they continue to comply with the

¹ <https://www.gpo.gov/fdsys/pkg/CFR-2016-title45-vol1/xml/CFR-2016-title45-vol1-sec156-420.xml>

² <https://www.irs.gov/pub/irs-drop/rp-17-37.pdf>

Vermont statute. The prescription drug deductibles for the deductible plans may be updated for 2019 to be consistent with the HDHPs.

The Green Mountain Care Board has given prior approval to change the prescription drug deductibles and maximum out of pockets for the HDHPs if required due to changes in the 2018 IRS specified minimum deductible and in order to qualify as an HDHP in 2018.

Additionally, the proposed regulation expanding the low end of the de minimis range from -2% to -4% was finalized in the Market Stabilization Final Rule for 2018³ released on April 18, 2017. No changes were made to the standard plan designs for 2018 as all plans were still within the de minimis range. However, we have updated any references to the acceptable AV range to account for this change.

The Affordable Care Act (ACA) requires that health care coverage provided by issuers to non-grandfathered individual and small groups must cover all Essential Health Benefits (EHBs) and have Actuarial Values (AVs) that fall under the Platinum (90% AV), Gold (80% AV), Silver (70% AV), or Bronze (60% AV) tiers. The ACA allows for a 2% de minimis range around these target AVs prior to 2018. For example, any plan design that has an AV from 68-72%, is considered a Silver plan.

Beginning in 2018, Bronze plan designs meeting certain criteria are eligible for an expanded range of +5% on the higher end, allowing an AV up to 65% compared to a high end at 62%. Applicable plans include High Deductible Health Plans (HDHPs), or plans that cover at least one major service, other than preventive, prior to the deductible. The Bronze HDHP plan would qualify for the expanded range, but the Bronze Deductible plan would not.

Also beginning in 2018, the de minimis range for all other metal tiers has been expanded to -4% on the low end (the high end of the range would remain at +2%). For example, a Silver plan could have an AV from 66-72%. This change did not impact the resulting standard plan designs.

The Center for Consumer Information and Insurance Oversight (CCIIO) has released the final 2018 Actuarial Value Calculator (AVC)⁴ that issuers must use to determine the AV of a plan. While CCIIO anticipates that most plans will be able to use the AVC without modification, some plan designs have features which are not supported by the AVC. In these instances, an actuary can either modify the inputs to most closely represent the plan design or an actuary can modify the results of the AVC to account for

³ <https://s3.amazonaws.com/public-inspection.federalregister.gov/2017-07712.pdf>

⁴ <http://www.cms.gov/CCIIO/Resources/Regulations-and-guidance/index.html>

the features not supported by the AVC. An actuarial certification documenting the development of the AV for these designs is required.

The State of Vermont (State) is standardizing several plan designs that all issuers offering plans in the exchange, Vermont Health Connect, must offer. Issuers must offer the standard plan designs in the individual and small group merged market. In 2017, one Platinum, one Gold, two Silver, and two Bronze standard plan designs were developed for Vermont Health Connect. There is a traditional deductible plan at each of the four metal levels and a HDHP at each of the Silver and Bronze levels. For each of the Silver standard plan designs, the cost sharing reduction plan designs are also standard. Cost sharing reduction (CSR) plan designs were developed at each of the 73% (federal), 77% (Vermont specific), 87% (federal), and 94% (federal) AV levels. In 2018, the 2017 standard plan designs are all continuing and the State is adding a second traditional deductible Bronze plan. Due to regulatory constraints and additional pressure on meeting the Bronze tier target AV, the new Bronze plan is not subject to the statute (H.559 Sec. 32. 8 V.S.A. § 4089) for prescription drug deductibles and MOOPs as described below. The new plan provides coverage for office visits and generic drugs prior to the deductible and qualifies for the expanded Bronze AV range described above.

The State contracted with Wakely Consulting Group, LLC (Wakely) to assist in the development of the standard plan designs. A list of the changes from the 2017 standard plan designs is in Appendix B. At a high level the changes for each base standard plan are:

- Platinum – the medical deductible was increased and the emergency department visits were made subject to the deductible
- Gold – the coinsurance applicable to hospital and radiology services was increased and the emergency department visits were made subject to the deductible
- Silver Deductible – the medical deductible, drug deductible, combined medical/drug MOOP, specialist copay, and urgent care copay were all increased
- Bronze Deductible – the medical deductible, drug deductible, and combined medical/drug MOOP were all increased
- Silver HDHP – the coinsurance applicable to all medical services except preventive, primary care and mental health/substance abuse office visits, the pharmacy deductible, the pharmacy MOOP, and the embedded individual MOOP were increased
- Bronze HDHP – the combined medical/drug deductible, the pharmacy deductible, the pharmacy MOOP, and the embedded individual MOOP were increased

For the Silver and Bronze HDHPs, all carriers will have the same plan design. In 2016 and 2017, there were two options from which the issuers may choose at each level. Beginning in 2016, the regulations⁵ required that all individuals, even those in non-self only contracts, have an out of pocket limit no more than the single limit (\$6,850 in 2016, \$7,150 in 2017, and \$7,350 in 2018). This impacts HDHPs where the aggregate MOOP application could require an individual to have out of pocket costs higher than the individual limit. Compliance with this regulation can be done by adjusting the family MOOP in two ways. The first option has an aggregate family medical MOOP with an embedded \$7,350 individual maximum. The second option has a stacked family medical MOOP. Both options comply with the federal regulations on individual maximum out of pocket costs. The first option had operational challenges, therefore, the issuers were allowed to choose either option for the HDHP standard plans in 2016 and 2017. For 2018, it is our understanding that all issuers will be able to administer the first option. Therefore, only this option is presented for 2018.

In addition to the standard plans, starting in 2016 the State of Vermont is requesting that issuers offer a Gold plan where the deductible and MOOP are set at the same amount. This means that once the deductible is met, the plan pays 100% of all services. Unlike the standard plans, it is not required that issuers offer this plan, but it is highly recommended. The issuer may determine the amount at which to set the deductible and MOOP, as long as they are equal and the resulting plan falls in the Gold tier. Since the amounts are to be determined by the issuers, these plans are not included within this memo.

Four of the standard plan designs (and the cost sharing reduction plan designs) have features not supported by the AVC and thus an actuarial certification is required. The remaining standard plan designs have features that may warrant an AV adjustment but no explicit adjustment or actuarial certification has been done for these plans. In developing these standard plan designs and the resulting actuarial certification, Wakely also followed applicable Actuarial Standards of Practice (ASOP) as detailed in Appendix C and including:

- ASOP No. 23 Data Quality;
- ASOP No. 25 Credibility Procedures;
- ASOP No. 41 Actuarial Communications; and
- ASOP No. 50 Determining Minimum Value and Actuarial Value under the Affordable Care Act.

⁵ <http://www.gpo.gov/fdsys/pkg/FR-2015-02-27/pdf/2015-03751.pdf>

Executive Summary

A summary of Vermont's standard plan designs is in Appendix D. The Silver HDHP and two of the three Bronze plans have design features that are both significant and not supported by the AVC. The Silver HDHP cost sharing reduction plan designs have similar features. The issuers that opt to offer pediatric dental would also have design features that could be significant and not supported by the AVC. While most plans have some subtleties in their design that are not supported by the AVC, CCIIO has stated and regulations dictate that modifications should be made only for substantial differences. The four potential substantial differences that Wakely considered include:

- Family deductible and Maximum Out of Pockets (MOOPs). There are two common types of applications for deductibles and MOOPs, commonly referred to in Vermont as stacked and aggregate⁶. The data supporting the AVC is only at the member level, and thus most closely resembles the stacked application of deductibles and MOOPs although the family stacked AV will be higher in most instances. Most HDHP plans use the aggregate application of deductible and MOOPs which can significantly lower the AV since a family of two would need to accumulate to a deductible that is twice that of a single contract. Note that due to the new regulation in 2016, if the family MOOP is more than the single limit of \$7,350, the MOOP must either be stacked or there must be an embedded individual MOOP of \$7,350. Wakely had previously developed a model to account for aggregate family deductibles and has modified this model to account for stacked and embedded MOOPs for HDHPs. Thus, a specific adjustment has been made to the appropriate AVs for HDHPs.
- Vermont implemented a statute (H.559 Sec. 32. 8 V.S.A. § 4089) for prescription drug deductibles and MOOPs. The requirement mandates, in part, that the MOOP for prescription drug costs in any plan design shall not exceed the minimum deductible amount for HDHPs per Section 223(c)(2)(A)(i) of the Internal Revenue Code of 1986 (\$1,300 and \$2,600 for individual and family coverage in 2017, increasing to \$1,350 and \$2,700 for individual and family coverage in 2018). The requirement also states that for HDHPs the cost sharing benefit for prescription drugs must start after the minimum deductible amount for HDHPs (same \$1,350 and \$2,700 for individual and family coverage in 2018) is met, but the amount may be met with either medical or

⁶ Stacked deductibles and MOOPs are typical in traditional deductible plans where the individual deductible and MOOP apply to each member of a contract and the family deductible and MOOP is used as a protection for contracts where multiple members have claims. For example, if the family MOOP is two times the individual MOOP but three members of a contract all would have reached their individual MOOP, it limits the family's liability to two times the individual MOOP.

Aggregate deductible and MOOPs are typical in HDHPs where all claims for all members of a non-single contract accumulate to the family deductible and MOOP. For two person or family contracts where only one member has significant claims, the member still must reach the higher deductible and MOOP amounts which makes the average member liability higher under an aggregate deductible.

prescription drug claims. This means that for all HDHPs, for purposes of prescription drug coverage, the deductible is considered met when accumulated medical and drug claims reach \$1,350 for individual or \$2,700 for family, regardless of what the medical deductible amount is. Similarly, the MOOP for only drug claims (including amounts used to accumulate to the deductible) is \$1,350 or \$2,700, regardless of the amount of the overall MOOP which will include both drug and medical claims.

Since for an integrated deductible and MOOP, only one amount is able to be input in the AVC, the value of the lower drug deductible and MOOP cannot be modeled in the AVC. This statute has a significant impact on AV, particularly at the lower AV tiers where the difference between the medical and prescription drug deductible and MOOP is greater. Wakely has developed a model to account for Vermont's prescription drug regulation and thus, where appropriate, a specific adjustment has been made to the AVs using this model.

- In the current market, most Vermont HDHPs waive the deductible for preventive prescription drugs. This is another plan feature not currently supported by the AVC. Wakely has not analyzed the exact portion of drugs this represents and this may vary by issuer. The impact to AV would only apply to drug costs that would normally be incurred prior to the member reaching the deductible. Any costs after the deductible is met and after the MOOP is met would be similar to the AVC. It is possible that this design feature could have a significant impact on the AV. However the impact of this benefit is likely not enough to warrant an additional analysis. Based on some high level estimates, Wakely believes the maximum impact to AV for this design feature is approximately 0.5% with the likely expected impact to be half of that. Since Wakely did not quantify the exact adjustment of the preventive drug difference for HDHPs, Wakely did not make a specific adjustment but did make sure that any AVs developed for HDHPs were at least 0.5% below the high end of the de minimis range in order to account for this increased benefit. It is expected that the impact for these drugs would be highest for the bronze plan where the deductible is highest and the impact would decrease as deductibles decrease (and AVs increase).
- If a plan covers pediatric dental, starting in 2015 there can be no cost sharing for Class I (basic) pediatric oral health essential health benefits. Appendix E contains a list of the dental procedure codes that are classified as Class I and have no cost sharing. Pediatric dental is not explicitly reflected in the federal AVC. It is included as part of the "other" benefits which are assumed to have average cost sharing for the plan. The reduction in cost sharing for the Class I benefits will result in a higher AV than what is modeled in the AVC, particularly for the higher deductible plans. It is possible that this design feature could have a significant impact on the AV. Based on some high level estimates, Wakely believes the maximum impact to AV for this design feature is approximately 0.5%. Since this adjustment may apply to some issuers and not to others, Wakely did not make a specific adjustment but did make sure that any AVs developed were at least 0.5% below the high end of the de minimis range in order to account for this benefit. It is expected that the impact for these dental services would be highest for the bronze plan where the deductible is highest and the impact would decrease as deductibles decrease (and AVs increase).

There are other potential design features for which adjustments could be made. However, given the expectation that adjustments be made for only the most substantive deviations, Wakely does not believe

additional adjustments are warranted. It is also important to note that the bucketing of claims and the methodology used to calculate the AVC are not always clearly defined. Thus, at times it is difficult to ascertain whether an adjustment is warranted and how that adjustment would be estimated.

As stated, Wakely made explicit adjustments to account for the stacked and aggregate family deductible/MOOP and Vermont's prescription drug regulation. These adjustments are described in detail in the Methodology section. For the preventive prescription drug and pediatric dental benefits, Wakely did not make an explicit adjustment but did allow cushion in the AV such that an increase of up to 0.5% would not result in the AV falling outside of the required range. The table below shows the acceptable range for each standard plan design after accounting for this cushion where an explicit adjustment was not made.

	Plan	Adjusted Acceptable Range
Deductible Plans	Platinum	86.0%-92.0%
	Gold	76.0%-82.0%
	Silver	66.0%-72.0%
	Bronze (Continuing, with drug limit)	56.0%-61.5%
	Bronze (New, without drug limit)	56.0%-64.5%
HDHPs	Silver - Embedded MOOP	66.0%-71.0%
	Bronze - Embedded MOOP	56.0%-64.0%
Cost Sharing Reduction Plan Designs - Deductible Plans	250-300% FPL (73% AV)	72.0%-74.0%
	200-250% FPL (77% AV)	76.0%-78.0%
	150-200% FPL (87% AV)	86.0%-88.0%
	133-150% FPL (94% AV)	93.0%-95.0%
Cost Sharing Reduction Plan Designs - HDHPs	250-300% FPL (73% AV)	72.0%-73.0%
	200-250% FPL (77% AV)	76.0%-77.0%
	150-200% FPL (87% AV)	86.0%-87.0%
	133-150% FPL (94% AV)	93.0%-94.0%

The table in Appendix F shows all plan designs for which adjustments were made, the adjustments considered, the original AV from the AVC, and the final adjusted AV. The pediatric dental consideration may also apply to the Platinum, Gold and Silver Deductible and CSR plans when issuers include the benefit but no explicit adjustment was made since coverage of the pediatric dental benefit is optional and the impact to higher AV plans is less significant.

Methodology

Since several of the standard plan designs have features not supported by the AVC, Wakely developed an HDHP model to capture the impact of these features on the AV. It was anticipated that the AVC would not accommodate all of the Vermont plan design features and this model was developed several months prior to the draft 2014 AVC being released. While there are similarities in the data used (for example, both models include all members regardless of duration), there are also differences (for example, only group data is included in the HDHP model, while the AVC includes both small group and individual experience).

If a plan does have substantive differences from what the AVC allows, there are two allowed approaches defined in the federal regulations. The first allows the actuary to adjust the inputs of the plan design to “fit” it into the AVC. The second allows the actuary to put in as many of the design features as possible into the AVC and then adjust the resulting AV to account for the unique design features. Wakely determined the second approach was most appropriate for the Vermont plan design differences. Thus for the plan designs where adjustments were made, Wakely first input as much of the plan design as possible into the AVC and then modified the resulting AV to account for the unique features.

The following discusses the HDHP model that Wakely developed and the process used to adjust the actuarial values from the AVC.

HDHP Model

Anticipating the need to quantify some of Vermont’s unique plan design features, in mid-2012 Wakely developed an HDHP model that would account for both aggregate deductibles and MOOPs as well as quantify the impact of Vermont’s prescription drug regulation. For the 2016 AV adjustments, this model was updated with more recent data and an option was added to account for embedded/stacked MOOPs.

In developing the model Wakely was provided with membership and medical and pharmacy claims data extracts from the Vermont Healthcare Claims Uniform Reporting and Evaluation System (VHCURES). Filters were then applied to the data to target a specific population for the model and reduce the amount of records to work with. The data used included:

- Allowed commercial medical and prescription drug data that was incurred in 2012 (an attempt was made to update the data but was not possible due to timing issues)
- Products types HMO (non-Medicare risk), PPO, POS and EPO
- Used claims with a Useflag='0'
- All market categories except individual

- Limited to members in select payer ids

After all filters were applied, the remaining data included allowed claims and membership for approximately 2.3 million member months.

The methodology developed for the HDHP model does not use the traditional approach of continuance tables. When determining the paid claims and resulting actuarial value of the plan designs where the prescription drug regulation is a factor, the order in which the claims occur is important. Continuance tables fail to recognize the impact of the order of the claims on actuarial values. Thus, the HDHP model re-prices the claims based on the inputs provided in the model rather than rely on continuance tables.

The HDHP model allows a user to enter the following:

- Medical and Prescription drug deductible amounts for both individual and family contracts. These amounts can differ but the model assumes the amounts are always integrated, or that both medical and drug claims will accumulate to both deductibles, even if different amounts.
- Medical and prescription drug maximum out of pocket amounts for both individual and family contracts. These amounts can differ and the model allows for different treatment of the MOOPs as noted below.
- Medical and prescription drug coinsurance amounts. If the plan design includes copays, an effective coinsurance needs to be input.
- The structure of the deductibles and MOOPs. As can be seen in the table below, the model can distinguish between aggregate and stacked deductibles and MOOPs. It also allows for different accumulations of claims to the medical and prescription drug MOOPs. There are six structural selections available in the model, described in the table below. Option 5 is most closely aligned to the federal AVC. Option 6 represents the design of the Vermont HDHPs. This changed from Option 1 due to the new federal regulations in 2016.

Options	Costs that Accumulate			Deductible / MOOP Type
	Deductible	Maximum Out-of-Pocket (MOOP)		
		Medical	Rx	
1	Medical & Rx	Medical & Rx	Rx Only	Aggregate
2	Medical & Rx	Medical & Rx	Rx Only	Stacked
3	Medical & Rx	Medical Only	Rx Only	Aggregate
4	Medical & Rx	Medical Only	Rx Only	Stacked
5	Medical & Rx	Medical & Rx	Medical & Rx	Stacked
6	Medical & Rx	Medical & Rx	Rx Only	Aggregate Deductible /Aggregate MOOP with Embedded Ind MOOP (can also be used for Stacked MOOP)

Adjusted AV Calculations

Using the federal AV calculator and the HDHP model as outlined above, the following methodology was used to develop the adjusted AV calculations for the HDHPs:

1. The plan designs were entered into the AVC ignoring the separate prescription drug deductible and MOOP thresholds. The resulting AV is the unadjusted value, which does not account for the prescription drug regulations or the aggregate family deductible and MOOP levels.
2. The HDHP model was used to determine the revised AV.
 - a. The same plan design input into the AVC was input into the HDHP model. The HDHP model only allows for coinsurance. Since the HDHP designs include copays, an effective coinsurance was developed for each plan design. The effective coinsurance amounts were developed separately for medical and prescription drug services using the allowed weights and average cost per service from the federal AVC continuance tables for the relevant metal tier.
 - b. The HDHP model was normalized to the AVC for each plan design. This means the same plan design, ignoring the prescription drug thresholds and assuming a stacked family deductible and MOOP, was input into the HDHP model and the underlying data was adjusted to arrive at the same AV as the AVC. This was done to ensure the same starting AV in both models and to try to mirror the induced utilization in the AVC. The normalization factors were reviewed for reasonability and deemed reasonable given they are accounting for trend, regional differences in cost and utilization and induced utilization.
 - c. The plan design in the HDHP model was adjusted to lower the prescription drug deductible and MOOP inputs (if applicable) to the appropriate plan design amounts and also to adjust the prescription drug MOOP to only consider prescription drug claims (the medical MOOP amount continues to use both medical and prescription drug claims). The

application of deductible and MOOP was also changed to use an aggregate family deductible and family MOOP with an embedded individual MOOP equal to \$7,350.

3. The resulting AV from the HDHP model is used as the final AV for tier placement.

The HDHP model was intended only for HDHPs where medical and drug claims both accumulate to the deductible. The Bronze⁷ and Silver deductible plans (and associated CSR plans) need to be adjusted to account for the lower prescription drug MOOP, but the deductible plan has separate medical and drug deductibles. Thus, the HDHP model was used but with a slight variation in methodology. The following highlight the differences in methodology used only for the Bronze and Silver Deductible plans.

1. Same as for HDHPs, as much of the plan design as possible was entered into the AVC. This is the unadjusted AV. The Bronze and Silver Deductible plans then need to be adjusted for the lower and separate prescription drug MOOP.
2. The HDHP model was used to develop the AV adjustments in a slightly different process than for the HDHPs.
 - a. Instead of normalizing the HDHP model to the AVC, the normalization factor for the Bronze or Silver HDHP was used.
 - b. The HDHP model cannot accommodate plan designs where both medical and drug claims do not accumulate to the deductible. Thus, the same plan design was entered into the HDHP model as in the AVC but the model selection indicated that both medical and drug claims accumulated to the deductible amounts.
 - c. The HDHP model was then re-run with the lower drug MOOP and to adjust the prescription drug MOOP to only consider prescription drug claims (the medical MOOP amount continues to use both medical and prescription drug claims). The model continued to use a stacked application for deductible and MOOP since it is a traditional deductible plan.
3. The final AV is the ratio of the AV from 2c and 2b applied to the AV from the AVC in 1.

Appendix G includes screen shots from the AVC and the HDHP model for each plan design with an adjusted actuarial value. Also included is a summary of the AVs and in the instance of the Bronze and Silver Deductible plans, a calculation of the adjustment.

⁷ Only the continuing Bronze plan needs to be adjusted. The new bronze plan is not subject to the lower prescription drug MOOP and as such does not require an explicit adjustment to the AVC results.

Disclosures and Limitations

Responsible Actuary. Julie Peper is the actuary responsible for this communication. Julie is a Member of the American Academy of Actuaries and a Fellow of the Society of Actuaries. She meets the Qualification Standards of the American Academy of Actuaries to issue this report.

Intended Users. This information has been prepared for the sole use of the State of Vermont and issuers within that state that will be submitting standard plan designs. Distribution to such parties should be made in its entirety. This report cannot be distributed to or relied on by any third party without the prior written permission of Wakely.

Risks and Uncertainties. The assumptions and resulting estimates included in this report and produced by the model are inherently uncertain. Users of the results should be qualified to use it and understand the results and the inherent uncertainty. Actual results may vary, potentially materially, from our estimates. Wakely does not warrant or guarantee that that actual experience will tie to the AV estimated for the placement of plan designs into tiers. The developed actuarial values are for the purposes of classifying plan designs of similar value and do not represent the expected actuarial value of a plan. Actual AVs will vary based on a plan's specific population, utilization, unit cost, and other variables.

Conflict of Interest. The responsible actuary is financially independent and free from conflict concerning all matters related to performing the actuarial services underlying this analysis. In addition, Wakely is organizationally and financially independent to the State of Vermont and any issuer in the state.

Data and Reliance. We have relied on others for data and information used in the actuarial value adjustments. We have reviewed the data for reasonableness, but have not performed any independent audit or otherwise verified the accuracy of the data/information. If the underlying information is incomplete or inaccurate, our estimates may be impacted, potentially significantly. Below is a list of data and assumptions provided by others and assumptions required by law.

- Final 2018 Federal AVC Model was relied on for the original AV. While reasonability tests have shown there are some assumptions and methodologies that are not consistent with expectations, the AVC was developed for plan classification and not pricing. Thus, the model is being used as such and we make no warranties for the accuracy of the AVs that result from the AVC.
- VHCURES data supplied by the state was used in the development of the HDHP model.

Subsequent Events. Subsequent events to the date of this report that could impact the plan designs presented include, but are not limited to changes to regulations passed subsequent to this report. In particular, differences between the current regulations of the ACA and the American Health Care Act (AHCA) or further finalized legislation.

Contents of Actuarial Report. This document and the supporting exhibits/files constitute the entirety of actuarial report and supersede any previous communications on the project.

Deviations from ASOPS. Wakely completed the analysis using sound actuarial practice. To the best of my knowledge, the report and methods used in the analysis are in compliance with the appropriate Actuarial Standards of Practice (ASOP) with no known deviations. A summary of ASOP compliance is listed in Exhibit C.

Exhibit A contains the formal actuarial certification. If you have any questions regarding this letter or the certification, please contact me.

Sincerely,

A handwritten signature in black ink that reads 'Julie A. Peper'.

Julie A. Peper, FSA, MAAA
Principal and Senior Consulting Actuary

A handwritten signature in black ink that reads 'Brittney Phillips'.

Brittney Phillips, ASA, MAAA
Consulting Actuary

Appendix A

**Actuarial Certification
State of Vermont
Actuarial Value of Standard Plan Designs
Effective January 1, 2018**

I, Julie A. Peper, am associated with the firm of Wakely Consulting Group, LLC. (Wakely), am a Fellow of the Society of Actuaries and a member of the American Academy of Actuaries, and meet its Qualification Standards for Statements of Actuarial Opinion. Wakely was retained by the State of Vermont to provide a certification of the actuarial value of the state's standard plan designs that are effective January 1, 2018 on Vermont Health Connect. This certification may not be appropriate for other purposes.

To the best of my information, knowledge and belief, the actuarial values provided with this certification are considered actuarially sound for purposes of § 156.135(b), according to the following criteria:

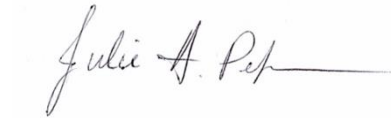
- The final 2018 federal Actuarial Value Calculator was used to determine the AV for the plan provisions that fit within the calculator parameters;
- Appropriate adjustments were calculated, to the AV identified by the calculator, for plan design features that deviate substantially from the parameters of the AV calculator;
- The actuarial values have been developed in accordance with generally accepted actuarial principles and practices; and
- The actuarial values meet the requirements of § 156.135(b).

The assumptions and methodology used to develop the actuarial values have been documented in my correspondence with the State of Vermont. The actuarial values associated with this certification are for standard plan designs (Silver HDHP, Bronze HDHP, two Bronze Deductible, Silver Deductible, Silver HDHP CSR 73%, Silver HDHP CSR 77%, Silver HDHP CSR 87%, Silver HDHP CSR 94%, Silver Deductible CSR 73%, and Silver Deductible CSR 77%) that will be effective as of January 1, 2018 for individual and group coverage sold on Vermont Health Connect.

The developed actuarial values are for the purposes of classifying plan designs of similar value and do not represent the expected actuarial value of a plan. Actual AVs will vary based on a plan's specific population, utilization, unit cost and other variables.

In developing the actuarial values, I have relied upon the federal Actuarial Value calculator and data from the Vermont Healthcare Claims Uniform Reporting and Evaluation System (VHCURES). I did not audit the data provided; however, I did review the data for reasonableness and consistency.

Actuarial methods, considerations, and analyses used in forming my opinion conform to the appropriate Standards of Practice as promulgated from time-to-time by the Actuarial Standards Board, whose standards form the basis of this Statement of Opinion.

A handwritten signature in black ink, reading 'Julie A. Peper'.

Julie A. Peper, FSA, MAAA
May 11, 2017

Appendix B – Summary of Plan Design Changes from 2017 Designs

	Deductible Plans	
Plan	Platinum	Gold
Changes	Increase deductible to \$300 from \$250 Make ER visits subject to the deductible	Make ER visits subject to the deductible Increase coinsurance to 30% from 20% Applies to inpatient, outpatient, and radiology

	Deductible Plans	
Plan	Silver	Bronze
Changes	Increase medical deductible to \$2,600 from \$2,150 Increase Rx deductible to \$300 from \$150 Increase combined medical/Rx MOOP to \$6,800 from \$6,000 Increase specialist office visit copay to \$75 from \$65 Increase urgent care copay to \$80 from \$60	Increase medical deductible to \$5,000 from \$4,600 Increase Rx deductible to \$900 from \$700 Increase combined medical/Rx MOOP to \$7,350 from \$7,150

	HDHPs	
Plan	Silver - Embedded MOOP	Bronze – Embedded MOOP
Changes	Increase embedded single MOOP to \$7,350 from \$7,150 Increase coinsurance to 30% from 25% Applies to all medical services except preventive, PCP, and MH/SA office visits Increase Rx Deductible and MOOP to \$1,350 from \$1,300	Increase combined medical/Rx deductible to \$5,250 from \$5,050 Increase embedded single MOOP to \$7,350 from \$7,150 Increase Rx Deductible and MOOP to \$1,350 from \$1,300

Additionally, a new Bronze deductible plan is being added for the 2018 plan year. Due to regulatory constraints and additional pressure on meeting the Bronze tier target AV, the new Bronze plan is not subject to the statute (H.559 Sec. 32. 8 V.S.A. § 4089) for prescription drug deductibles and MOOPs. The new plan provides coverage for office visits and generic drugs prior to the deductible and qualifies for the expanded Bronze AV range.

Appendix C – Comments Relative to Applicable ASOPs

This appendix includes comments relative to the following applicable Actuarial Standards of Practice (ASOP).

- ASOP No. 23, Data Quality;
- ASOP No. 25, Credibility Procedures;
- ASOP No. 41, Actuarial Communications; and
- ASOP No. 50 Determining Minimum Value and Actuarial Value under the Affordable Care Act.

ASOP 23: Data Quality

3.1 Overview – VHCURES data was used as the basis for the HDHP model and this data source was deemed reasonable for the analysis discussed in the management report.

3.2 Selection of Data - The data was considered reasonable for our analysis subject to the following considerations -

- a. The data sources contained all material data elements.
- b. The following considerations were reviewed as part of our analysis:
 1. Data was appropriate and sufficiently current. The data was for similar/same populations and the most applicable data set available.
 2. Data was reasonable and comprehensive of the necessary data elements.
 3. There were no known, material limitations of the data.
 4. No alternative data sets were reasonably available. The reliability of the data underlying our analysis did not require support from alternative data sets.
 5. Alternative data sets were not deemed necessary to complete the analysis.
 6. Sampling methods were not required.

3.3 Reliance on Data Supplied by Others - Reliance is discussed in the management report to which this appendix is attached.

3.4 Reliance on Other Information Relevant to the Use of Data - We relied on information contained in the report. We did not detect any material errors in the data provided and relied upon the data as part of our analysis.

3.5 Review of Data - We reviewed the data. Data definitions were included as part of the VHCURES data. Ultimately the data was reasonable with the adjustments discussed in our management report.

3.6 Limitation of the Actuary's Responsibility - We did not audit the data.

3.7 Use of Data— Use and adjustments to the data are discussed in this management report. In addition:

- a. We deem that the data are of sufficient quality to perform the analysis;
- b. The data did not require enhancement before the analysis could be performed
- c. The data was reasonable for the analysis and did not require adjustment beyond that discussed in the management report;
- d. We did not detect any material defects in any data source;
- e. The data were adequate to perform our analysis.

ASOP 25: Credibility Procedures

The HDHP model uses data as its starting point. The experience used is fully credible and therefore no credibility blending or adjustments were necessary.

ASOP 41: Actuarial Communications

This report and the actuarial memorandum submitted are consistent with the guidance in ASOP 41.

3.1 General Requirements for Actuarial Communications

3.1.1 Principal and Scope of Engagement – These results were developed to comply with § 156.135(b) and should not be used for any other purpose. The distribution of this report to other users is limited to the State of Vermont.

3.1.2 Form and Content – The State of Vermont was the principal for this engagement and the scope of the engagement included developing and certifying the actuarial values for the standard plan designs as discussed in the management report.

3.1.3 Timing of Communication – This report is provided in conjunction with the actuarial certification of the submitted actuarial values.

3.1.4 Identification of Responsible Actuary – The responsible actuary is identified in the attestation and this management report.

3.2 Actuarial Report – This management report is an Actuarial Report as defined in this ASOP. Correspondence between Wakely and the State of Vermont as part of this engagement should also be considered part of the Actuarial Report.

3.3 Specific Circumstances – No constraints apply beyond any discussed in the attachment management report.

3.4 Disclosures Within an Actuarial Report - all relevant disclosures have been made in the management report. Consistent with this ASOP, we make specific mention to the following items here:

3.4.1 Uncertainty or Risk – Uncertainty is discussed in the management report.

3.4.2 Conflict of Interest – Wakely is financially, organizationally, and otherwise independent from the State of Vermont and any reliant parties.

3.4.3 Reliance on Other Sources for Data and Other Information - Reliance regarding data and assumptions are discussed in this management report.

3.4.4 Responsibility for Assumptions and Methods - Assumptions and methods are discussed in the management report and the parties associated with the assumptions and methods have been delineated. Therefore, pursuant to this ASOP, no additional disclosure is necessary.

3.4.5 Information Date of Report -The management report list the applicable dates for the analysis and correspondence.

3.4.6 Subsequent Events - There are no subsequent events, as of the date of this report that would materially affect the results presented herein.

3.5 Explanation of Material Differences - Wakely has issued no other report regarding the development of these actuarial values. No comparison to prior results is necessary.

3.6 Oral Communications - No oral communication is considered part of this actuarial report. Any material assumptions or methods discussed in oral communications have been documented in written form as well.

3.7 Responsibility to Other Users - Intended users of this report have been specifically noted in the document.

ASOP 50: Determining Minimum Value and Actuarial Value under the Affordable Care Act

3.1 Use of AVC or MVC – The federal AVC was used.

3.2 Exceptions to the AVC – The federal AV was determined by making adjustments to the results of the federal AVC based on provisions that could not be appropriately modeled in the AVC.

3.3 Exceptions to the MVC – Not applicable.

3.4 Evaluating Non-Standard Plan Designs – The HDHP model was normalized to the federal AVC.

3.5 Reasonableness of Assumptions for Non-Standard Plan Designs – The assumptions used to modify the federal AVs were reviewed for reasonability.

3.6 Unreasonable Results – Not applicable.

3.7 Documentation – See ASOP 41 documentation above.

Appendix D – Standard Plan Designs

Deductible Plan Designs

Deductible/OOP Max	2018 Plan Designs - Deductible Plans				
	Platinum	Gold	Silver	Bronze (Continuing, with drug limit)	Bronze (New, without drug limit)
Type of Plan	Deductible	Deductible	Deductible	Deductible	Deductible
Medical Ded	\$300	\$850	\$2,600	\$5,000	\$7,350
Rx Ded	\$0	\$100	\$300	\$900	N/A
Integrated Ded	No	No	No	No	Yes
Medical OOPM	\$1,300	\$4,500	\$6,800	\$7,350	\$7,350
Rx OOPM	\$1,300	\$1,300	\$1,300	\$1,300	N/A
Integrated OOPM	No	No	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Yes
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual
Medical Deductible waived for:	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Preventive	Preventive, OV
Drug Deductible waived for:	N/A	Generic scripts	Generic scripts	Applies to all scripts	Generic Scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient	10%	30%	40%	50%	0%
Outpatient	10%	30%	40%	50%	0%
ER	\$100	\$150	\$250	50%	0%
Radiology (MRI, CT, PET)	10%	30%	40%	50%	0%
Preventive	\$0	\$0	\$0	\$0	\$0
PCP Office Visit	\$10	\$15	\$25	\$35	\$40
MH/SA Office Visit	\$10	\$15	\$25	\$35	\$40
Specialist Office Visit	\$30	\$30	\$75	\$90	\$100
Urgent Care	\$40	\$40	\$85	\$100	0%
Ambulance	\$50	\$50	\$100	\$100	0%
Rx Generic	\$5	\$5	\$15	\$20	\$25
Rx Preferred Brand	\$50	\$50	\$60	\$85	0%
Rx Non-Preferred Brand	50%	50%	50%	60%	0%
Rx Specialty	50%	50%	50%	60%	0%
Actuarial Value					
2018 Federal AVC, Adjusted if Necessary	89.9%	82.0%	72.0%	61.1%	62.1%

Deductible Plan Designs – Cost Sharing Reduction Plans

2018 Plan Designs - Deductible Plan CSR Variations					
Deductible/OOP Max	70% AV Silver	250-300% FPL (73% AV)	200-250% FPL (77% AV)	150-200% FPL (87% AV)	133-150% FPL (94% AV)
Type of Plan	Deductible	Deductible	Deductible	Deductible	Deductible
Medical Ded	\$2,600	\$2,550	\$2,000	\$800	\$150
Rx Ded	\$300	\$300	\$200	\$150	\$0
Integrated Ded	No	No	No	No	No
Medical OOPM	\$6,800	\$5,700	\$4,500	\$1,600	\$800
Rx OOPM	\$1,300	\$1,200	\$1,000	\$400	\$200
Integrated OOPM	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual
Medical Deductible waived for:	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb
Drug Deductible waived for:	Generic scripts	Generic scripts	Generic scripts	Generic scripts	N/A
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient	40%	40%	40%	40%	10%
Outpatient	40%	40%	40%	40%	10%
ER	\$250	\$250	\$250	\$250	\$75
Radiology (MRI, CT, PET)	40%	40%	40%	40%	10%
Preventive	\$0	\$0	\$0	\$0	\$0
PCP Office Visit	\$25	\$25	\$20	\$10	\$5
MH/SA Office Visit	\$25	\$25	\$20	\$10	\$5
Specialist Office Visit	\$75	\$65	\$40	\$30	\$15
Urgent Care	\$85	\$75	\$50	\$40	\$25
Ambulance	\$100	\$100	\$100	\$100	\$50
Rx Generic	\$15	\$12	\$12	\$10	\$5
Rx Preferred Brand	\$60	\$60	\$60	\$50	\$20
Rx Non-Preferred Brand	50%	50%	50%	50%	30%
Rx Specialty	50%	50%	50%	50%	30%
Actuarial Value					
2018 Federal AVC, Adjusted if Necessary	72.0%	74.0%	77.7%	87.7%	94.7%

HDHP Plan Designs

2018 Plan Designs - HDHP Plans: Embedded MOOP		
Deductible/OOP Max	Silver	Bronze
Type of Plan	HSA Q/HDHP	HSA Q/HDHP
Medical Ded	\$1,550	\$5,250
Rx Ded	\$1,350	\$1,350
Integrated Ded	Yes	Yes
Medical OOPM	\$6,400	\$6,550
Rx OOPM	\$1,350	\$1,350
Integrated OOPM	Rx -No, Medical - Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Aggregate with Combined Medical/Rx embedded \$7,350 Single MOOP; 2x Individual	Aggregate with Combined Medical/Rx embedded \$7,350 Single MOOP; 2x Individual
Medical Deductible waived for:	Preventive	Preventive
Drug Deductible waived for:	Wellness scripts	Wellness scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance
Inpatient	30%	50%
Outpatient	30%	50%
ER	30%	50%
Radiology (MRI, CT, PET)	30%	50%
Preventive	0%	0%
PCP Office Visit	10%	50%
MH/SA Office Visit	10%	50%
Specialist Office Visit	30%	50%
Urgent Care	30%	50%
Ambulance	30%	50%
Rx Generic	\$10	\$12
Rx Preferred Brand	\$40	40%
Rx Non-Preferred Brand	50%	60%
Rx Specialty	50%	60%
Actuarial Value		
2018 Federal AVC, Adjusted if Necessary	69.5%	59.8%

HDHP Plan Designs – Cost Sharing Reduction Plans

Deductible/OOP Max	2018 Plan Designs - HDHP Plan CSR Variations				
	70% AV Silver	250-300% FPL (73% AV)	200-250% FPL (77% AV)	150-200% FPL (87% AV)	133-150% FPL (94% AV)
Type of Plan	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP	Deductible (NOT HSAQ)	Deductible (NOT HSAQ)
Medical Ded	\$1,550	\$1,550	\$1,350	\$1,200	\$550
Rx Ded	\$1,350	\$1,350	N/A	N/A	N/A
Integrated Ded	Yes	Yes	Yes	Yes	Yes
Medical OOPM	\$6,400	\$4,100	\$3,000	\$1,200	\$550
Rx OOPM	\$1,350	\$1,350	\$1,350	N/A	N/A
Integrated OOPM	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Yes	Yes
Family Deductible / OOP	Aggregate with Combined Medical/Rx embedded \$7,350 Single MOOP; 2x Individual	Aggregate with Combined Medical/Rx embedded \$7,350 Single MOOP; 2x Individual	Aggregate, 2x Individual	Aggregate, 2x Individual	Aggregate, 2x Individual
Medical Deductible waived for:	Preventive	Preventive	Preventive	Preventive	Preventive
Drug Deductible waived for:	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient	30%	25%	25%	0%	0%
Outpatient	30%	25%	25%	0%	0%
ER	30%	25%	25%	0%	0%
Radiology (MRI, CT, PET)	30%	25%	25%	0%	0%
Preventive	0%	0%	0%	0%	0%
PCP Office Visit	10%	10%	10%	0%	0%
MH/SA Office Visit	10%	10%	10%	0%	0%
Specialist Office Visit	30%	25%	25%	0%	0%
Urgent Care	30%	25%	25%	0%	0%
Ambulance	30%	25%	25%	0%	0%
Rx Generic	\$10	\$10	\$10	\$0	\$0
Rx Preferred Brand	\$40	\$40	\$40	\$0	\$0
Rx Non-Preferred Brand	50%	50%	50%	0%	0%
Rx Specialty	50%	50%	50%	0%	0%
Actuarial Value					
2018 Federal AVC, Adjusted if Necessary	69.5%	73.0%	76.4%	86.1%	93.2%

Appendix E – Class I Pediatric Dental Codes

These procedures are diagnostic and preventive in nature. Under the definition of what is essential they may have limits. The services and limits are described in the Department of Vermont Health Access, Dental Procedure/Fee Schedule (Effective for services provided on or after 11/01/2013)

D0120 Periodic Oral Evaluation
 D0140 Limited Oral Evaluation – Problem Focused
 D0145 Oral Evaluation for a patient under three years of age and counseling with primary caregiver
 D0150 Comprehensive Oral Evaluation
 D0170 Re-evaluation – Limited, Problem Focused
 D0210 Intraoral Radiographs– Complete Series (including bitewings)
 D0220 Intraoral Radiographs – Periapical – First Film
 D0230 Intraoral Radiographs– Periapical – Each Additional Film
 D0240 Intraoral – Occlusal Film
 D0250 Extraoral – First Film
 D0260 Extraoral – Each Additional Film
 D0270 Bitewing – Single Film
 D0272 Bitewings – 2 Films
 D0273 Bitewings – 3 Films
 D0274 Bitewings – 4 Films
 D0330 Panoramic Film
 D0340 Cephalometric Film
 D0350 Oral/Facial Photographic Images
 D0364 Cone Beam CT Capture and Interpretation with Limited Field of View - Less Than One Whole Jaw
 D0365 Cone Beam CT Capture and Interpretation with Limited Field of View of One Full Dental Arch - Mandible
 D0366 Cone Beam CT Capture and Interpretation with Limited Field of View of One Full Dental Arch - Maxilla, with or without Cranium
 D0367 Cone Beam CT Capture and Interpretation with Limited Field of View of Both Jaws, With or Without Cranium
 D0368 Cone Beam CT Capture and Interpretation for TMJ Series Including Two or More Exposures
 D0391 Interpretation of Diagnostic Image by a Practitioner Not Associated with Capture of the Image, Including the Report
 D0470 Diagnostic Models
 D1120 Prophylaxis – Child
 D1208 Topical Application of Fluoride
 D1330 Oral Hygiene Instructions
 D1351 Sealant – Per Tooth
 D1351 U9 Sealant – Per Tooth-Deciduous second molars and bicuspid*
 D1352 Preventive resin restoration in a moderate to high caries risk patient -permanent tooth
 D1510 Space Maintainer - Fixed – Unilateral
 D1515 Space Maintainer – Fixed – Bilateral
 D1525 Space Maintainer – Removable – Bilateral
 D1550 Recementation of Space Maintainer

Appendix F – Summary of Adjustments Considered and Final Adjusted AVs

Adjustments Considered	Aggregate Ded	Aggregate MOOP, Embedded \$7,350	Stacked MOOP	Drug Regulation	Preventive Drugs	Pediatric Dental	AV from AVC	Final Adjusted AV
Silver HDHP – Embedded \$7,350 Individual MOOP	Yes	Yes	No	Yes	Yes	Yes	72.0%	69.5%
Bronze HDHP– Embedded \$7,350 Individual MOOP	Yes	Yes	No	Yes	Yes	Yes	61.0%	59.8%
Silver Deductible	No	No	No	Yes	No	Yes	71.3%	72.0%
Bronze Deductible (Continuing, with drug limit)	No	No	No	Yes	No	Yes	60.3%	61.1%
Silver HDHP - Embedded \$7,350 Individual MOOP CSR 73%	Yes	Yes	No	Yes	Yes	Yes	75.5%	73.0%
Silver HDHP - Embedded \$7,350 Individual MOOP CSR 77%	Yes	Yes	No	Yes	Yes	Yes	78.8%	76.4%
Silver HDHP - Embedded \$7,350 Individual MOOP CSR 87%	Yes	Yes	No	No	Yes	Yes	86.7%	86.1%
Silver HDHP - Embedded \$7,350 Individual MOOP CSR 94%	Yes	Yes	No	No	Yes	Yes	93.3%	93.2%
Silver Deductible CSR – 73%	No	No	No	Yes	No	Yes	73.5%	74.0%
Silver Deductible CSR – 77%	No	No	No	Yes	No	Yes	77.2%	77.7%
Silver Deductible CSR – 87%	No	No	No	Yes	No	Yes	87.5%	87.7%
Silver Deductible CSR – 94%	No	No	No	Yes	No	Yes	94.6%	94.7%

Appendix G – Screen Shots and AV Development

1. Silver HDHP – Embedded MOOP
2. Bronze HDHP – Embedded MOOP
3. Silver Deductible Plan
4. Bronze Deductible Plan (Continuing, with drug limit)
5. Silver HDHP – Embedded MOOP CSR – 73%
6. Silver HDHP – Embedded MOOP CSR – 77%
7. Silver HDHP – Embedded MOOP CSR – 87%
8. Silver HDHP – Embedded MOOP CSR – 94%
9. Silver Deductible CSR – 73%
10. Silver Deductible CSR – 77%
11. Silver Deductible CSR – 87%
12. Silver Deductible CSR – 94%

1. Silver HDHP – Embedded MOOP

AV from AVC = 72.0%

Adjusted AV = 69.5%

AVC Screen Shot:

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☒
 Apply Inpatient Copay per Day? ☐
 Apply Skilled Nursing Facility Copay per Day? ☐
 Use Separate OOP Maximum for Medical and Drug Spending? ☐
 Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐
 Desired Metal Tier: Silver

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)		\$1,550.00			
Coinsurance (%; Insurer's Cost Share)		70.00%			
MOOP (\$)		\$6,400.00			
MOOP if Separate (\$)					

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?			
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

☐ Set a Maximum on Specialty Rx Coinsurance Payments?
 Specialty Rx Coinsurance Maximum:

☐ Set a Maximum Number of Days for Charging an IP Copay?
 # Days (1-10):

☐ Begin Primary Care Cost-Sharing After a Set Number of Visits?
 # Visits (1-10):

☐ Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?
 # Copays (1-10):

Plan Description:

Silver HDHP
 Plans Option 1:
 Embedded
 MOOP - Option
 2

Name:
Plan HIOS ID:
Issuer HIOS ID:

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 71.98%
 Metal Tier: Silver
 Additional Notes: NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
 Calculation Time: 0.0938 seconds
 2018 AV Calculator

1. Silver HDHP – Embedded MOOP, Continued

HDHP Model – Normalization:

Inputs						
Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.						
Press 'Calculate' anytime an input or dropdown selection is changed.						
Note that the model run-time will vary based on the computers processing speed.						
A message box will appear to indicate that the calculations are done.						
		Medical	Rx			
Individual Deductible		1,550	1,550			
Family Deductible		3,100	3,100			
Individual Out-of-Pocket		6,400	6,400			
Family Out-of-Pocket		12,800	12,800			
Coinsurance (50% or Less)		28%	30%			
Individual Embedded Moop:		7,350				
		Costs that Accumulate				
			OOP		Deductible /	
		Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
		Calculate				
Results						
		Medical	Rx	Total		
Allowed PMPM		\$274.48	\$42.78	\$317.26		
Plan PMPM		\$202.55	\$25.75	\$228.30		
Actuarial Value		73.8%	60.2%	72.0%		

1. Silver HDHP – Embedded MOOP, Continued

HDHP Model – Adjusted Actuarial Value:

Inputs					
Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.					
Press 'Calculate' anytime an input or dropdown selection is changed.					
Note that the model run-time will vary based on the computers processing speed.					
A message box will appear to indicate that the calculations are done.					
		Medical	Rx		
Individual Deductible		1,550	1,350		
Family Deductible		3,100	2,700		
Individual Out-of-Pocket		6,400	1,350		
Family Out-of-Pocket		12,800	2,700		
Coinsurance (50% or Less)		28%	30%		
Individual Embedded Moop:		7,350			
		Costs that Accumulate			
			OOP		Deductible /
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
<div style="border: 1px solid black; background-color: #4a86e8; color: white; padding: 10px 20px; display: inline-block; border-radius: 5px;">Calculate</div>					
Results					
		Medical	Rx	Total	
Allowed PMPM		\$274.48	\$42.78	\$317.26	
Plan PMPM		\$192.89	\$27.49	\$220.39	
Actuarial Value		70.3%	64.3%	69.5%	

2. Bronze HDHP – Embedded MOOP

AV from AVC = 61.0%

Adjusted AV = 59.8%

AVC Screen Shot:

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☒

Apply Inpatient Copay per Day? ☐

Apply Skilled Nursing Facility Copay per Day? ☐

Use Separate OOP Maximum for Medical and Drug Spending? ☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐

Desired Metal Tier: Bronze

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$5,250.00			
		50.00%			
		\$6,550.00			

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?		
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$12.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

☐ Set a Maximum on Specialty Rx Coinsurance Payments?

Specialty Rx Coinsurance Maximum:

☐ Set a Maximum Number of Days for Charging an IP Copay?

Days (1-10):

☐ Begin Primary Care Cost-Sharing After a Set Number of Visits?

Visits (1-10):

☐ Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?

Copays (1-10):

Plan Description:

Bronze HDHP
Plans Option 1:
Embedded
MOOP - No
Changes to Rx
OOPM - Option
1

Name:

Plan HIOS ID:

Issuer HIOS ID:

Output

Status/Error Messages: Calculation Successful.

Actuarial Value: 60.97%

Metal Tier: Bronze

Additional Notes:

Calculation Time: 0.125 seconds

2018 AV Calculator

2. Bronze HDHP – Embedded MOOP, Continued

HDHP Model – Normalization:

Inputs					
Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.					
Press 'Calculate' anytime an input or dropdown selection is changed.					
Note that the model run-time will vary based on the computers processing speed.					
A message box will appear to indicate that the calculations are done.					
		Medical	Rx		
Individual Deductible		5,250	5,250		
Family Deductible		10,500	10,500		
Individual Out-of-Pocket		6,550	6,550		
Family Out-of-Pocket		13,100	13,100		
Coinsurance (50% or Less)		50%	47%		
Individual Embedded Moop:		7,350			
		Costs that Accumulate			
			OOP		Deductible /
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Stacked
					5
		Calculate			
Results					
		Medical	Rx	Total	
Allowed PMPM		\$302.60	\$47.16	\$349.76	
Plan PMPM		\$191.38	\$21.89	\$213.27	
Actuarial Value		63.2%	46.4%	61.0%	

2. Bronze HDHP – Embedded MOOP, Continued

HDHP Model – Adjusted Actuarial Value:

Inputs					
Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.					
Press 'Calculate' anytime an input or dropdown selection is changed.					
Note that the model run-time will vary based on the computers processing speed.					
A message box will appear to indicate that the calculations are done.					
		Medical	Rx		
Individual Deductible		5,250	1,350		
Family Deductible		10,500	2,700		
Individual Out-of-Pocket		6,550	1,350		
Family Out-of-Pocket		13,100	2,700		
Coinsurance (50% or Less)		50%	47%		
Individual Embedded Moop:		7,350			
Costs that Accumulate					
		OOP			Deductible /
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
<div style="border: 1px solid black; background-color: #4a7ebb; color: white; padding: 10px 20px; display: inline-block; border-radius: 5px;">Calculate</div>					
Results					
		Medical	Rx	Total	
Allowed PMPM		\$302.60	\$47.16	\$349.76	
Plan PMPM		\$181.93	\$27.21	\$209.14	
Actuarial Value		60.1%	57.7%	59.8%	

3. Silver Deductible

AV from AVC = 71.3%

Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments = 66.6%/66.0 %
= 1.009 x .713 = 72.0%

Adjusted AV = 72.0%

AVC Screen Shot:

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☐

Apply Inpatient Copay per Day? ☐

Apply Skilled Nursing Facility Copay per Day? ☐

Use Separate OOP Maximum for Medical and Drug Spending? ☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐

Desired Metal Tier: Silver

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$2,600.00	\$300.00			
Coinurance (% Insurer's Cost Share)	60.00%	50.00%			
MOOP (\$)	\$6,800.00				
MOOP if Separate (\$)					

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?			
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

☐

Set a Maximum on Specialty Rx Coinsurance Payments?
Specialty Rx Coinsurance Maximum: ☐

Set a Maximum Number of Days for Charging an IP Copay?
Days (1-10): ☐

Begin Primary Care Cost-Sharing After a Set Number of Visits?
Visits (1-10): ☐

Begin Primary Care Deductible/Coinurance After a Set Number of Copays?
Copays (1-10): ☐

Plan Description:

Name: Silver Deductible
Plan HIOS ID: Plan - Option 1
Issuer HIOS ID:

Output

Status/Error Messages:

Actuarial Value: 71.34%

Metal Tier: Silver

Additional Notes: NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Calculation Time: 0.1094 seconds

2018 AV Calculator

3. Silver Deductible, Continued

HDHP Model – Without Prescription Drug Adjustments:

Inputs					
<i>Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.</i>					
<i>Press 'Calculate' anytime an input or dropdown selection is changed.</i>					
<i>Note that the model run-time will vary based on the computers processing speed.</i>					
<i>A message box will appear to indicate that the calculations are done.</i>					
		Medical	Rx		
Individual Deductible		2,600	300		
Family Deductible		5,200	600		
Individual Out-of-Pocket		6,800	6,800		
Family Out-of-Pocket		13,600	13,600		
Coinsurance (50% or Less)		39%	36%		
Individual Embedded Moop:		7,350			
		Costs that Accumulate			
			OOP		Deductible /
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Stacked
		<div style="border: 1px solid black; background-color: #4a7ebb; color: white; padding: 10px; display: inline-block;">Calculate</div>			
Results					
		Medical	Rx	Total	
	Allowed PMPM	\$274.48	\$42.78	\$317.26	
	Plan PMPM	\$180.78	\$28.74	\$209.52	
	Actuarial Value	65.9%	67.2%	66.0%	

3. Silver Deductible, Continued

HDHP Model – With Prescription Drug Adjustments:

Inputs					
Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.					
Press 'Calculate' anytime an input or dropdown selection is changed.					
Note that the model run-time will vary based on the computers processing speed.					
A message box will appear to indicate that the calculations are done.					
		Medical	Rx		
Individual Deductible		2,600	300		
Family Deductible		5,200	600		
Individual Out-of-Pocket		6,800	1,300		
Family Out-of-Pocket		13,600	2,600		
Coinsurance (50% or Less)		39%	36%		
Individual Embedded Moop:		7,350			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
					OOP Type
	Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked
					2
		Calculate			
Results					
		Medical	Rx	Total	
	Allowed PMPM	\$274.48	\$42.78	\$317.26	
	Plan PMPM	\$179.90	\$31.54	\$211.44	
	Actuarial Value	65.5%	73.7%	66.6%	

4. Bronze Deductible (Continuing, with drug limit)

AV from AVC = 60.3%

Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments = $61.5\%/60.7\% = 1.013 \times .603 = 61.1\%$

Adjusted AV = 61.1%

AVC Screen Shot:

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☐

Apply Inpatient Copay per Day? ☐

Apply Skilled Nursing Facility Copay per Day? ☐

Use Separate OOP Maximum for Medical and Drug Spending? ☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐

Desired Metal Tier: Bronze

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$5,000.00	\$900.00			
Coinurance (%; Insurer's Cost Share)	50.00%	40.00%			
MOOP (\$)	\$7,350.00				
MOOP if Separate (\$)					

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?			
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$85.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

☐ Set a Maximum on Specialty Rx Coinsurance Payments?
Specialty Rx Coinsurance Maximum: ☐

☐ Set a Maximum Number of Days for Charging an IP Copay?
Days (1-10): ☐

☐ Begin Primary Care Cost-Sharing After a Set Number of Visits?
Visits (1-10): ☐

☐ Begin Primary Care Deductible/Coinurance After a Set Number of Copays?
Copays (1-10): ☐

Plan Description:

Bronze
Deductible Plan -
No Changes to
Rx OOPM -
Option 1

Name:
Plan HIOS ID:
Issuer HIOS ID:

Output

Status/Error Messages:
Actuarial Value:
Metal Tier:
Additional Notes:
Calculation Time:
2018 AV Calculator

Calculation Successful.
60.33%
Bronze
NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
0.1094 seconds

4. Bronze Deductible (Continuing, with drug limit), Continued

HDHP Model – Without Prescription Drug Adjustments:

Inputs					
Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.					
Press 'Calculate' anytime an input or dropdown selection is changed.					
Note that the model run-time will vary based on the computers processing speed.					
A message box will appear to indicate that the calculations are done.					
		Medical	Rx		
Individual Deductible		5,000	900		
Family Deductible		10,000	1,800		
Individual Out-of-Pocket		7,350	7,350		
Family Out-of-Pocket		14,700	14,700		
Coinsurance (50% or Less)		51%	48%		
Individual Embedded Moop:		7,350			
		Costs that Accumulate			
			OOP		Deductible /
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Stacked
		<div style="border: 1px solid black; background-color: #4a86e8; color: white; padding: 10px; display: inline-block; border-radius: 5px;">Calculate</div>			
Results					
		Medical	Rx	Total	
	Allowed PMPM	\$302.60	\$47.16	\$349.76	
	Plan PMPM	\$184.95	\$27.23	\$212.18	
	Actuarial Value	61.1%	57.7%	60.7%	

4. Bronze Deductible (Continuing, with drug limit), Continued

HDHP Model – With Prescription Drug Adjustments:

Inputs					
Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.					
Press 'Calculate' anytime an input or dropdown selection is changed.					
Note that the model run-time will vary based on the computers processing speed.					
A message box will appear to indicate that the calculations are done.					
		Medical	Rx		
Individual Deductible		5,000	900		
Family Deductible		10,000	1,800		
Individual Out-of-Pocket		7,350	1,300		
Family Out-of-Pocket		14,700	2,600		
Coinsurance (50% or Less)		51%	48%		
Individual Embedded Moop:		7,350			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
					OOP Type
Settings		Medical & Rx	Medical & Rx	Rx Only	Stacked
					2
		<div>Calculate</div>			
Results					
		Medical	Rx	Total	
	Allowed PMPM	\$302.60	\$47.16	\$349.76	
	Plan PMPM	\$183.23	\$32.04	\$215.27	
	Actuarial Value	60.6%	67.9%	61.5%	

5. Silver HDHP – Embedded MOOP CSR – 73%

AV from AVC = 75.5%

Adjusted AV = 73.0%

AVC Screen Shot:

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☒
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate OOP Maximum for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒
Desired Metal Tier: Silver

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

Tier 1 Plan Benefit Design

Medical	Drug	Combined
Deductible (\$)		\$1,550.00
Coinsurance (%; Insurer's Cost Share)		75.00%
MOOP (\$)		\$4,100.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design

Medical	Drug	Combined
Deductible (\$)		
Coinsurance (%; Insurer's Cost Share)		
MOOP (\$)		
MOOP if Separate (\$)		

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Type of Benefit	Tier 1		Coinsurance, if different	Copay, if separate	Tier 2		Coinsurance, if different	Copay, if separate	Tier 1		Tier 2	
	Subject to Deductible?	Subject to Coinsurance?			Subject to Deductible?	Subject to Coinsurance?			Copay applies only after deductible?	Copay applies only after deductible?		
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

☐ Set a Maximum on Specialty Rx Coinsurance Payments?
Specialty Rx Coinsurance Maximum:

☐ Set a Maximum Number of Days for Charging an IP Copay?
Days (1-10):

☐ Begin Primary Care Cost-Sharing After a Set Number of Visits?
Visits (1-10):

☐ Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?
Copays (1-10):

Plan Description:
2017 Silver
HDHP Plan
Option 1:
Embedded
MOOP - 73%
CSR Variation
Name:
Plan HIOS ID:
Issuer HIOS ID:

Output

Status/Error Messages:
Actuarial Value:
Metal Tier:
Additional Notes:
Calculation Time:
2018 AV Calculator

Error: Result is outside of +/- 1 percent de minimis variation for CSRs.
75.54%
NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
0.1094 seconds

5. Silver HDHP – Embedded MOOP CSR – 73%, Continued

HDHP Model – Normalization:

Inputs					
Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.					
Press 'Calculate' anytime an input or dropdown selection is changed.					
Note that the model run-time will vary based on the computers processing speed.					
A message box will appear to indicate that the calculations are done.					
		Medical	Rx		
Individual Deductible		1,550	1,550		
Family Deductible		3,100	3,100		
Individual Out-of-Pocket		4,100	4,100		
Family Out-of-Pocket		8,200	8,200		
Coinsurance (50% or Less)		24%	30%		
Individual Embedded Moop:		7,350			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
					OOP Type
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked
					5
		Calculate			
Results					
		Medical	Rx	Total	
	Allowed PMPM	\$289.21	\$45.07	\$334.29	
	Plan PMPM	\$224.19	\$28.19	\$252.37	
	Actuarial Value	77.5%	62.5%	75.5%	

5. Silver HDHP – Embedded MOOP CSR – 73%, Continued

HDHP Model – Adjusted Actuarial Value:

Inputs					
Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.					
Press 'Calculate' anytime an input or dropdown selection is changed.					
Note that the model run-time will vary based on the computers processing speed.					
A message box will appear to indicate that the calculations are done.					
		Medical	Rx		
Individual Deductible		1,550	1,350		
Family Deductible		3,100	2,700		
Individual Out-of-Pocket		4,100	1,350		
Family Out-of-Pocket		8,200	2,700		
Coinsurance (50% or Less)		24%	30%		
Individual Embedded Moop:		7,350			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
					OOP Type
Settings		Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus
		Calculate			
Results					
		Medical	Rx	Total	
	Allowed PMPM	\$289.21	\$45.07	\$334.29	
	Plan PMPM	\$214.65	\$29.36	\$244.01	
	Actuarial Value	74.2%	65.1%	73.0%	

6. Silver HDHP – Embedded MOOP CSR – 77%

AV from AVC = 78.8%

Adjusted AV = 76.4%

AVC Screen Shot:

User Inputs for Plan Parameters

☒ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate OOP Maximum for Medical and Drug Spending?
☒ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
Desired Metal Tier: Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)		\$1,350.00			
Coinsurance (% Insurer's Cost Share)		75.00%			
MOOP (\$)		\$3,000.00			
MOOP if Separate (\$)					

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?			
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

☐ Set a Maximum on Specialty Rx Coinsurance Payments?
Specialty Rx Coinsurance Maximum:
☐ Set a Maximum Number of Days for Charging an IP Copay?
Days (1-10):
☐ Begin Primary Care Cost-Sharing After a Set Number of Visits?
Visits (1-10):
☐ Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?
Copays (1-10):

Plan Description:
Silver HDHP
Plan Option 1:
Embedded
MOOP - 77%
CSR Variation
Name:
Plan HIOS ID:
Issuer HIOS ID:

Output

Calculate

Status/Error Messages:
Actuarial Value:
Metal Tier:
Additional Notes:
Calculation Time:
2018 AV Calculator

Error: Result is outside of +/- 1 percent de minimis variation for CSRs.
78.81%
NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
0.0625 seconds

6. Silver HDHP – Embedded MOOP CSR – 77%, Continued

HDHP Model – Normalization:

Inputs					
Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.					
Press 'Calculate' anytime an input or dropdown selection is changed.					
Note that the model run-time will vary based on the computers processing speed.					
A message box will appear to indicate that the calculations are done.					
		Medical	Rx		
Individual Deductible		1,350	1,350		
Family Deductible		2,700	2,700		
Individual Out-of-Pocket		3,000	3,000		
Family Out-of-Pocket		6,000	6,000		
Coinsurance (50% or Less)		24%	28%		
Individual Embedded Moop:		7,350			
		Costs that Accumulate			
			OOP		Deductible /
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Stacked
		<div style="border: 1px solid black; background-color: #4a86e8; color: white; padding: 10px; display: inline-block; border-radius: 5px;">Calculate</div>			
Results					
		Medical	Rx	Total	
Allowed PMPM		\$297.25	\$46.33	\$343.57	
Plan PMPM		\$239.61	\$30.97	\$270.58	
Actuarial Value		80.6%	66.8%	78.8%	

6. Silver HDHP – Embedded MOOP CSR – 77%, Continued

HDHP Model – Adjusted Actuarial Value:

Inputs					
Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.					
Press 'Calculate' anytime an input or dropdown selection is changed.					
Note that the model run-time will vary based on the computers processing speed.					
A message box will appear to indicate that the calculations are done.					
		Medical	Rx		
Individual Deductible		1,350	1,350		
Family Deductible		2,700	2,700		
Individual Out-of-Pocket		3,000	1,350		
Family Out-of-Pocket		6,000	2,700		
Coinsurance (50% or Less)		24%	28%		
Individual Embedded Moop:		7,350			
		Costs that Accumulate			
			OOP		Deductible /
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
<div style="border: 1px solid black; background-color: #4a7ebb; color: white; padding: 10px 20px; display: inline-block; border-radius: 5px;">Calculate</div>					
Results					
		Medical	Rx	Total	
Allowed PMPM		\$297.25	\$46.33	\$343.57	
Plan PMPM		\$231.74	\$30.86	\$262.60	
Actuarial Value		78.0%	66.6%	76.4%	

7. Silver HDHP – Embedded MOOP CSR – 87%

AV from AVC = 86.7%

Adjusted AV = 86.1%

AVC Screen Shot:

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☒
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate OOP Maximum for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒
Desired Metal Tier: Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

Tier 1 Plan Benefit Design

Medical	Drug	Combined
		\$1,200.00
		100.00%
		\$1,200.00

Tier 2 Plan Benefit Design

Medical	Drug	Combined

Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?		
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

☐
Set a Maximum on Specialty Rx Coinsurance Payments?
Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay? ☐
Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits? ☐
Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? ☐
Copays (1-10):

Plan Description:
Silver HDHP
Embedded
MOOP Plan CSR
Variations - 150-200% FPL (87% AV)
2018 Option 1
Name:
Plan HIOS ID:
Issuer HIOS ID:

Output

Calculate

Status/Error Messages:
Actuarial Value: 86.71%
Metal Tier: Gold
Additional Notes:
Calculation Time: 0.1406 seconds
2018 AV Calculator

7. Silver HDHP – Embedded MOOP CSR – 87%, Continued

HDHP Model – Normalization:

Inputs					
Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.					
Press 'Calculate' anytime an input or dropdown selection is changed.					
Note that the model run-time will vary based on the computers processing speed.					
A message box will appear to indicate that the calculations are done.					
		Medical	Rx		
Individual Deductible		1,200	1,200		
Family Deductible		2,400	2,400		
Individual Out-of-Pocket		1,200	1,200		
Family Out-of-Pocket		2,400	2,400		
Coinsurance (50% or Less)		0%	0%		
Individual Embedded Moop:		7,350			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
					OOP Type
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked
					5
		Calculate			
Results					
		Medical	Rx	Total	
	Allowed PMPM	\$299.92	\$46.74	\$346.67	
	Plan PMPM	\$263.74	\$36.83	\$300.57	
	Actuarial Value	87.9%	78.8%	86.7%	

7. Silver HDHP – Embedded MOOP CSR – 87%, Continued

HDHP Model – Adjusted Actuarial Value:

Inputs					
Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.					
Press 'Calculate' anytime an input or dropdown selection is changed.					
Note that the model run-time will vary based on the computers processing speed.					
A message box will appear to indicate that the calculations are done.					
		Medical	Rx		
Individual Deductible		1,200	1,200		
Family Deductible		2,400	2,400		
Individual Out-of-Pocket		1,200	1,200		
Family Out-of-Pocket		2,400	2,400		
Coinsurance (50% or Less)		0%	0%		
Individual Embedded Moop:		7,350			
		Costs that Accumulate			
			OOP		Deductible /
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
<div style="border: 1px solid black; background-color: #4a7ebb; color: white; padding: 10px 20px; display: inline-block; border-radius: 5px;">Calculate</div>					
Results					
		Medical	Rx	Total	
Allowed PMPM		\$299.92	\$46.74	\$346.67	
Plan PMPM		\$262.02	\$36.60	\$298.62	
Actuarial Value		87.4%	78.3%	86.1%	

8. Silver HDHP – Embedded MOOP CSR – 94%

AV from AVC = 93.3%

Adjusted AV = 93.2%

AVC Screen Shot:

User Inputs for Plan Parameters

☒ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate OOP Maximum for Medical and Drug Spending?
☒ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: Platinum

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

Tier 1 Plan Benefit Design

Medical	Drug	Combined
Deductible (\$)		\$550.00
Coinsurance (%; Insurer's Cost Share)		100.00%
MOOP (\$)		\$550.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design

Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?		
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

☐ Set a Maximum on Specialty Rx Coinsurance Payments?
Specialty Rx Coinsurance Maximum:

☐ Set a Maximum Number of Days for Charging an IP Copay?
Days (1-10):

☐ Begin Primary Care Cost-Sharing After a Set Number of Visits?
Visits (1-10):

☐ Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?
Copays (1-10):

Plan Description:
2017 Silver HDHP Plan
Option 1: Embedded MOOP - 94% CSR Variation
Name:
Plan HIOS ID:
Issuer HIOS ID:

Output

Calculate

Status/Error Messages:
Actuarial Value:
Metal Tier:
Additional Notes:
Calculation Time:
2018 AV Calculator

CSR Level of 94% (100-150% FPL), Calculation Successful.
93.27%
Platinum
0.0938 seconds

8. Silver HDHP – Embedded MOOP CSR – 94%, Continued

HDHP Model – Normalization:

Inputs					
Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.					
Press 'Calculate' anytime an input or dropdown selection is changed.					
Note that the model run-time will vary based on the computers processing speed.					
A message box will appear to indicate that the calculations are done.					
		Medical	Rx		
Individual Deductible		550	550		
Family Deductible		1,100	1,100		
Individual Out-of-Pocket		550	550		
Family Out-of-Pocket		1,100	1,100		
Coinsurance (50% or Less)		0%	0%		
Individual Embedded Moop:		7,350			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
					OOP Type
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Stacked
					5
		Calculate			
Results					
		Medical	Rx	Total	
	Allowed PMPM	\$313.31	\$48.83	\$362.14	
	Plan PMPM	\$294.51	\$43.20	\$337.71	
	Actuarial Value	94.0%	88.5%	93.3%	

8. Silver HDHP – Embedded MOOP CSR – 94%, Continued

HDHP Model – Adjusted Actuarial Value:

Inputs					
Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.					
Press 'Calculate' anytime an input or dropdown selection is changed.					
Note that the model run-time will vary based on the computers processing speed.					
A message box will appear to indicate that the calculations are done.					
		Medical	Rx		
Individual Deductible		550	550		
Family Deductible		1,100	1,100		
Individual Out-of-Pocket		550	550		
Family Out-of-Pocket		1,100	1,100		
Coinsurance (50% or Less)		0%	0%		
Individual Embedded Moop:		7,350			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
					OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
<div style="border: 1px solid black; background-color: #4a7ebb; color: white; padding: 10px; display: inline-block; margin: 10px;">Calculate</div>					
Results					
		Medical	Rx	Total	
	Allowed PMPM	\$313.31	\$48.83	\$362.14	
	Plan PMPM	\$294.42	\$43.13	\$337.55	
	Actuarial Value	94.0%	88.3%	93.2%	

9. Silver Deductible CSR – 73%

AV from AVC = 73.46%

Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments = $69.0\%/68.5\% = 1.007 \times 73.46\% = 74.0\%$

Adjusted AV = 74.0%

AVC Screen Shot:

User Inputs for Plan Parameters

☐ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate OOP Maximum for Medical and Drug Spending?
☒ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Silver

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$2,550.00	\$300.00			
Coinurance (% Insurer's Cost Share)	60.00%	50.00%			
MOOP (\$)	\$5,700.00				
MOOP If Separate (\$)					

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?		
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$12.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

☐ Set a Maximum on Specialty Rx Coinsurance Payments?
 Specialty Rx Coinsurance Maximum: ☐
 Set a Maximum Number of Days for Charging an IP Copay? ☐
 # Days (1-10): ☐
 Begin Primary Care Cost-Sharing After a Set Number of Visits? ☐
 # Visits (1-10): ☐
 Begin Primary Care Deductible/Coinurance After a Set Number of Copays? ☐
 # Copays (1-10): ☐

Plan Description:

Deductible
 Plan CSR
 Variations - 250
 300% FPL
 (73% AV)
 Name:
 Plan HIOS ID:
 Issuer HIOS ID:

Output

Status/Error Messages:
 Actuarial Value:
 Metal Tier:
 Additional Notes:
 Calculation Time:
 2018 AV Calculator

CSR Level of 73% (200-250% FPL), Calculation Successful.
 73.46%
 Silver
 NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
 0.0781 seconds

9. Silver Deductible CSR – 73%, Continued

HDHP Model – Without Prescription Drug Adjustments:

Inputs					
Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.					
Press 'Calculate' anytime an input or dropdown selection is changed.					
Note that the model run-time will vary based on the computers processing speed.					
A message box will appear to indicate that the calculations are done.					
		Medical	Rx		
Individual Deductible		2,550	300		
Family Deductible		5,100	600		
Individual Out-of-Pocket		5,700	5,700		
Family Out-of-Pocket		11,400	11,400		
Coinsurance (50% or Less)		38%	35%		
Individual Embedded Moop:		7,350			
Costs that Accumulate					
			OOP	Deductible /	
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
<div>Calculate</div>					
Results					
		Medical	Rx	Total	
Allowed PMPM		\$289.21	\$45.07	\$334.29	
Plan PMPM		\$197.82	\$31.21	\$229.03	
Actuarial Value		68.4%	69.3%	68.5%	

9. Silver Deductible CSR – 73%, Continued

HDHP Model – With Prescription Drug Adjustments:

Inputs					
Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.					
Press 'Calculate' anytime an input or dropdown selection is changed.					
Note that the model run-time will vary based on the computers processing speed.					
A message box will appear to indicate that the calculations are done.					
		Medical	Rx		
Individual Deductible		2,550	300		
Family Deductible		5,100	600		
Individual Out-of-Pocket		5,700	1,200		
Family Out-of-Pocket		11,400	2,400		
Coinsurance (50% or Less)		38%	35%		
Individual Embedded Moop:		7,350			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
					OOP Type
	Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked
					2
		<div>Calculate</div>			
Results					
		Medical	Rx	Total	
	Allowed PMPM	\$289.21	\$45.07	\$334.29	
	Plan PMPM	\$196.85	\$33.95	\$230.79	
	Actuarial Value	68.1%	75.3%	69.0%	

10. Silver Deductible CSR – 77%

AV from AVC = 77.2%

Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments = $73.3\%/72.9\% = 1.005 \times .772 = 77.7\%$

Adjusted AV = 77.7%

AVC Screen Shot:

User Inputs for Plan Parameters

☐ Use Integrated Medical and Drug Deductible?
 ☐ Apply Inpatient Copay per Day?
 ☐ Apply Skilled Nursing Facility Copay per Day?
 ☐ Use Separate OOP Maximum for Medical and Drug Spending?
 ☒ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: Silver

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

Tier 1 Plan Benefit Design

Medical	Drug	Combined
Deductible (\$)	\$2,000.00	\$200.00
Coinsurance (% Insurer's Cost Share)	60.00%	50.00%
MOOP (\$)	\$4,500.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design

Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?			
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$12.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

☐ Set a Maximum on Specialty Rx Coinsurance Payments?

Specialty Rx Coinsurance Maximum:
 ☐ Set a Maximum Number of Days for Charging an IP Copay?

Days (1-10):
 ☐ Begin Primary Care Cost-Sharing After a Set Number of Visits?

Visits (1-10):
 ☐ Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?

Copays (1-10):

Plan Description:
 Deductible Plan
 CSR Variations -
 200-250% FPL
 (77% AV)
 2018 Option 1

Name:
Plan HIOS ID:
Issuer HIOS ID:

Output

Status/Error Messages:
 Error: Result is outside of +/- 1 percent de minimis variation for CSRs.
 77.24%

Actuarial Value:
 77.24%

Metal Tier:
 Silver

Additional Notes:
 NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Calculation Time:
 0.1562 seconds

10. Silver Deductible CSR – 77%, Continued

HDHP Model – Without Prescription Drug Adjustments:

Inputs					
Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.					
Press 'Calculate' anytime an input or dropdown selection is changed.					
Note that the model run-time will vary based on the computers processing speed.					
A message box will appear to indicate that the calculations are done.					
		Medical	Rx		
Individual Deductible		2,000	200		
Family Deductible		4,000	400		
Individual Out-of-Pocket		4,500	4,500		
Family Out-of-Pocket		9,000	9,000		
Coinsurance (50% or Less)		36%	35%		
Individual Embedded Moop:		7,350			
Costs that Accumulate					
			OOP		
		Deductible	Medical	Rx	Deductible /
					OOP Type
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Stacked
<div>Calculate</div>					
Results					
		Medical	Rx	Total	
	Allowed PMPM	\$297.25	\$46.33	\$343.57	
	Plan PMPM	\$216.64	\$33.67	\$250.31	
	Actuarial Value	72.9%	72.7%	72.9%	

10. Silver Deductible CSR – 77%, Continued

HDHP Model – With Prescription Drug Adjustments:

Inputs					
Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.					
Press 'Calculate' anytime an input or dropdown selection is changed.					
Note that the model run-time will vary based on the computers processing speed.					
A message box will appear to indicate that the calculations are done.					
		Medical	Rx		
Individual Deductible		2,000	200		
Family Deductible		4,000	400		
Individual Out-of-Pocket		4,500	1,000		
Family Out-of-Pocket		9,000	2,000		
Coinsurance (50% or Less)		36%	35%		
Individual Embedded Moop:		7,350			
Costs that Accumulate					
			OOP		
		Deductible	Medical	Rx	Deductible /
					OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked	2
<div style="border: 1px solid black; background-color: #4a7ebb; color: white; padding: 10px 20px; display: inline-block; border-radius: 5px;">Calculate</div>					
Results					
		Medical	Rx	Total	
Allowed PMPM		\$297.25	\$46.33	\$343.57	
Plan PMPM		\$215.61	\$36.28	\$251.89	
Actuarial Value		72.5%	78.3%	73.3%	

11. Silver Deductible CSR – 87%

AV from AVC = 87.5%

Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments = $85.7\% / 85.5\% = 1.002 \times .875 = 87.7\%$

Adjusted AV = 87.7%

AVC Screen Shot:

User Inputs for Plan Parameters

☐ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate OOP Maximum for Medical and Drug Spending?
☒ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
Desired Metal Tier: Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

Tier 1 Plan Benefit Design

	Medical	Drug	Combined
Deductible (\$)	\$800.00	\$150.00	
Coinsurance (% Insurer's Cost Share)	60.00%	50.00%	
MOOP (\$)	\$1,600.00		
MOOP if Separate (\$)			

Tier 2 Plan Benefit Design

	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (% Insurer's Cost Share)			
MOOP (\$)			
MOOP if Separate (\$)			

Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?		
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

☐ Set a Maximum on Specialty Rx Coinsurance Payments?
Specialty Rx Coinsurance Maximum: _____
Set a Maximum Number of Days for Charging an IP Copay? ☐
Days (1-10): _____
Begin Primary Care Cost-Sharing After a Set Number of Visits? ☐
Visits (1-10): _____
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? ☐
Copays (1-10): _____

Plan Description:
Deductible Plan
CSR Variations -
150-200% FPL
(87% AV)
2018 Option 1
Name: _____
Plan HIOS ID: _____
Issuer HIOS ID: _____

Output

Status/Error Messages:
Actuarial Value:
Metal Tier:
Additional Notes:
Calculation Time:
2018 AV Calculator

CSR Level of 87% (150-200% FPL), Calculation Successful.
87.53%
Gold
NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
0.1094 seconds

11. Silver Deductible CSR – 87%, Continued

HDHP Model – Without Prescription Drug Adjustments:

Inputs					
Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.					
Press 'Calculate' anytime an input or dropdown selection is changed.					
Note that the model run-time will vary based on the computers processing speed.					
A message box will appear to indicate that the calculations are done.					
		Medical	Rx		
Individual Deductible		800	150		
Family Deductible		1,600	300		
Individual Out-of-Pocket		1,600	1,600		
Family Out-of-Pocket		3,200	3,200		
Coinsurance (50% or Less)		35%	30%		
Individual Embedded Moop:		7,350			
Costs that Accumulate					
			OOP		
		Deductible	Medical	Rx	Deductible /
					OOP Type
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Stacked
<div>Calculate</div>					
Results					
		Medical	Rx	Total	
	Allowed PMPM	\$299.92	\$46.74	\$346.67	
	Plan PMPM	\$257.45	\$38.79	\$296.24	
	Actuarial Value	85.8%	83.0%	85.5%	

11. Silver Deductible CSR – 87%, Continued

HDHP Model – With Prescription Drug Adjustments:

Inputs					
Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.					
Press 'Calculate' anytime an input or dropdown selection is changed.					
Note that the model run-time will vary based on the computers processing speed.					
A message box will appear to indicate that the calculations are done.					
		Medical	Rx		
Individual Deductible		800	150		
Family Deductible		1,600	300		
Individual Out-of-Pocket		1,600	400		
Family Out-of-Pocket		3,200	800		
Coinsurance (50% or Less)		35%	30%		
Individual Embedded Moop:		7,350			
		Costs that Accumulate			
			OOP		
		Deductible	Medical	Rx	Deductible /
					OOP Type
	Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked
		<div>Calculate</div>			
Results					
		Medical	Rx	Total	
	Allowed PMPM	\$299.92	\$46.74	\$346.67	
	Plan PMPM	\$256.30	\$40.75	\$297.05	
	Actuarial Value	85.5%	87.2%	85.7%	

12. Silver Deductible CSR – 94%

AV from AVC = 94.6%

Adjustments

- HDHP Model with drug adjustments / HDHP Model without drug adjustments = $94.8\%/94.7\% = 1.001 \times .946 = 94.7\%$

Adjusted AV = 94.7%

AVC Screen Shot:

User Inputs for Plan Parameters

☐ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate OOP Maximum for Medical and Drug Spending?
☒ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: Platinum

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$150.00	\$0.00			
Coinsurance (% Insurer's Cost Share)	90.00%	70.00%			
MOOP (\$)	\$800.00				
MOOP if Separate (\$)					

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?			
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

☐ Set a Maximum on Specialty Rx Coinsurance Payments?
Specialty Rx Coinsurance Maximum:

☐ Set a Maximum Number of Days for Charging an IP Copay?
Days (1-10):

☐ Begin Primary Care Cost-Sharing After a Set Number of Visits?
Visits (1-10):

☐ Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?
Copays (1-10):

Plan Description:
Deductible Plan
CSR Variations -
133-150% FPL
(94% AV)
2018 Option 1
Name:
Plan HIOS ID:
Issuer HIOS ID:

Output

Status/Error Messages:
Actuarial Value:
Metal Tier:
Additional Notes:
Calculation Time:
2018 AV Calculator

CSR Level of 94% (100-150% FPL), Calculation Successful.
94.62%
Platinum
NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
0.1094 seconds

12. Silver Deductible CSR – 94%, Continued

HDHP Model – Without Prescription Drug Adjustments:

Inputs						
Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.						
Press 'Calculate' anytime an input or dropdown selection is changed.						
Note that the model run-time will vary based on the computers processing speed.						
A message box will appear to indicate that the calculations are done.						
		Medical	Rx			
Individual Deductible		150	0			
Family Deductible		300	0			
Individual Out-of-Pocket		800	800			
Family Out-of-Pocket		1,600	1,600			
Coinsurance (50% or Less)		11%	15%			
Individual Embedded Moop:		7,350				
Costs that Accumulate						
		OOP			Deductible /	
		Deductible	Medical	Rx	OOP Type	
Settings		Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
<div>Calculate</div>						
Results						
		Medical	Rx	Total		
Allowed PMPM		\$313.31	\$48.83	\$362.14		
Plan PMPM		\$297.44	\$45.55	\$342.99		
Actuarial Value		94.9%	93.3%	94.7%		

12. Silver Deductible CSR – 94%, Continued

HDHP Model – With Prescription Drug Adjustments:

Inputs					
Enter values in the blue cells below, choose a setting option from the drop down box, and press 'Calculate'.					
Press 'Calculate' anytime an input or dropdown selection is changed.					
Note that the model run-time will vary based on the computers processing speed.					
A message box will appear to indicate that the calculations are done.					
		Medical	Rx		
Individual Deductible		150	0		
Family Deductible		300	0		
Individual Out-of-Pocket		800	200		
Family Out-of-Pocket		1,600	400		
Coinsurance (50% or Less)		11%	15%		
Individual Embedded Moop:		7,350			
Costs that Accumulate					
		OOP			Deductible /
		Deductible	Medical	Rx	OOP Type
Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked	2
<div style="border: 1px solid black; background-color: #4a7ebb; color: white; padding: 10px 20px; display: inline-block; border-radius: 5px;">Calculate</div>					
Results					
		Medical	Rx	Total	
Allowed PMPM		\$313.31	\$48.83	\$362.14	
Plan PMPM		\$297.03	\$46.29	\$343.32	
Actuarial Value		94.8%	94.8%	94.8%	

BLUE CROSS AND BLUE SHIELD OF VERMONT 2018 VERMONT QUALIFIED HEALTH PLANS METAL ACTUARIAL VALUES CERTIFICATION

Introduction

On December 16, 2016, CMS released the final methodology on the Actuarial Value and the final Actuarial Value Calculator (AVC) for 2018. CMS made many changes in the 2018 AVC. Most notably, they updated the underlying claims data and updated the trends for Medical and Pharmacy.

Limitations of the Federal Actuarial Calculator

The AVC is known to have some limitations with respect to certain benefit designs. The most important limitations in the Final Actuarial Value Calculator for the Blue Rewards (Non-Standard) plans are:

- The AVC does not support the Rx OOPM Limit as dictated by Act 171.
- The AVC does not support Wellness (Safe Harbor) pharmacy drugs outside the deductible on HSA compliant plans.
- The AVC does not support certain MH/SA visits at no cost share before the deductible.
- The AVC does not support a copayment on, Urgent Care, Emergency Medical Transportation, DME services nor Home Health Care.
- The AVC does not support Class I Pediatric Dental covered at no cost share.

Method Used to Calculate Adjustments

The objective of the adjustment process is to produce an estimate of the result the AVC would have produced with respect to the specific plan in question had it been able to measure all cost sharing elements for that plan. We created a model to calculate the ratio of expected benefits to allowed charges. See the description of the BCBSVT AV Model (BAVM) below. We used the BAVM to calculate both the complete benefit design and the benefit design for items supported by the AVC. We then applied the ratio of the two values to the AVC output for items supported by the AVC.

BCBSVT AV Model Methodology

BCBSVT uses a re-adjudication model to assess the impact of various deductible types, Rx limits, and out-of-pocket maximums to calculate the paid-to-allowed ratio for different benefit designs. The re-adjudication is performed using the same set of claims for all benefit plans. Claims data was taken from BCBSVT's data warehouse. The starting point of the analysis is allowed charges as determined by the BCBSVT claims adjudication system. The claims data includes benefit codes that enable us to identify the services and benefit structures (copays, deductibles, and coinsurance). The 2015 claims from BCBSVT Qualified Health Plans members that maintain their benefit and tier type throughout the year are included in the analysis. We compared the allowed claims per member per month (PMPM) and the modelled paid-to-allowed ratio for this population relative to the entire QHP population and found the differences to be immaterial. The model uses calendar year 2015 claims, trended to 2018 using 3.25 percent trend for Medical claims and 11.5 percent trend for Pharmacy

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claims¹. The claims were categorized based on the cost sharing applied for each service, and one record was generated for each unique combination of member and service date. For all products, claims for preventive mandated benefits were kept separate. The model assumes these are paid in a manner consistent with the mandates.

The tables following the Actuarial Opinion show the relationship between the BAVM and the AVC.

A complete description of plan provisions is attached at the end of this document. The tables following the Actuarial Opinion contain information regarding the specific benefits that were calculated as adjustments to the AVC model.

On April 18, 2017, CMS finalized the Market Stabilization rule. In this rule, CMS widen the Actuarial Value (AV) de minimis included in 45 CFR 156.140(c) from +/- 2 percent to -4/+2 percent. For the two Blue Rewards Gold plans described below, we utilized the wider range of acceptable AV.

Under Vermont's Act 165 of 2016, QHP issuers were given the option to alter the pharmacy-specific out-of-pocket maximum (Rx OOPM) to amounts higher than allowed under 8 V.S.A §4089i. On February 9, 2017, BCBSVT presented a request to the Green Mountain Care Board (GMCB) to remove the specific Rx OOPM from its existing Blue Rewards Bronze CDHP plan and from its new proposed Blue Rewards Bronze Copayment plan. The GMCB approved this request. The Bronze plans described below reflect a combined Medical and Pharmacy OOPM, without a specific Rx OOPM.

Actuarial Opinion

The purpose of this calculation is to comply with the requirements of 45 CFR 156.135(b)(3). The Actuarial Values were determined based on the plans' benefits and coverage data, the standard population, utilization and continuance tables published by HHS for purposes of valuation of Actuarial Value. These calculations are not intended to be used for other purposes.

I am a Fellow of the Society of Actuaries, a Member of the American Academy of Actuaries, meet the Qualification Standards for Actuaries Issuing Statements of Actuarial Opinion in the United States promulgated by the American Academy of Actuaries, and have the education and experience necessary to perform the work.

In my opinion, each of the plans described herein meets the AV requirements in the metal tiers for calendar year 2018.

The adjustments for plan design features unable to be determined directly through application of the AV calculator were developed in accordance with generally accepted actuarial principals and methodologies, Actuarial Standards of Practice established by the Actuarial Standards Board, and applicable laws and regulations, and are appropriate for the purpose intended.

¹ BCBSVT used the same trend that CMS used in the 2018 Final AV Calculator (see page 11 of <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Final-2018-AVC-Methodology121616.pdf>)

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Data used for the analysis were taken from the BCBSVT claims adjudication system, and normalized to the data underlying the AV calculator. This data was reviewed for reasonableness and consistency, but an audit was not performed.

A handwritten signature in black ink, appearing to read "Paul A. Schultz", with a stylized flourish at the end.

Paul A. Schultz, F.S.A., M.A.A.A.
Chief Actuary
Blue Cross and Blue Shield of Vermont

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Blue Rewards CDHP Plans

Plan : Blue Rewards (Non-Standard) CDHP Plan - Gold			
Items supported by the AV Calculator	Deductible	\$2,750	
	Coinsurance	0%	
	OOPM	\$2,750	
AVC Output for items supported by the AVC		(a)	76.4%
BCBSVT Model Output for items supported by the AVC		(b)	79.6%
BCBSVT Model Output for complete benefit design		(c)	80.5%
Adjustment to the AVC	Estimated AVC value	(d)=(c)/(b)*(a)	77.2%

Items not supported by the AV Calculator for this plan are the Pharmacy OOPM of \$1,350 and Wellness (Safe Harbor) pharmaceuticals not subject to the deductible.

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☒
 Apply Inpatient Copay per Day? ☐
 Apply Skilled Nursing Facility Copay per Day? ☐
 Use Separate OOP Maximum for Medical and Drug Spending? ☐
 Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐
 Desired Metal Tier: **Gold**

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design	Tier 2 Plan Benefit Design
Medical	Medical
Drug	Drug
Combined	Combined
Deductible (\$)	
Coinsurance (% Insurer's Cost Share)	
MOOP (\$)	
MOOP if Separate (\$)	

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible	Subject to Coinsurance	Coinsurance, if	Copay, if separate	Subject to Deductible	Subject to Coinsurance	Coinsurance, if	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?		
Medical	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Use Disorder	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery/Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? ☐
 Specialty Rx Coinsurance Maximum:
 Set a Maximum Number of Days for Charging an IP Copay? ☐
 # Days (1-10):
 Begin Primary Care Cost-Sharing After a Set Number of
 # Visits (1-10):
 Begin Primary Care Deductible/Coinsurance After a Set
 Number of Copays?
 # Copays (1-10):

Plan Description:
Name: Blue Rewards Gold CDHP
Plan HIOS II 13627VT0390001 and 13627VT0370001
Issuer HIOS 13627

Output

Calculate

Status/Error Messages:
 Actuarial Value: 76.38%
 Metal Tier:
 Additional Notes:
 Calculation Time: 0.0898 seconds

Error: Result is outside of +/- 2 percent de minimis variation.

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Plan : Blue Rewards (Non-Standard) CDHP Plan - Silver			
Items supported by the AV Calculator	Deductible		\$4,500
	Coinsurance		0%
	OOPM		\$4,500
AVC Output for items supported by the AVC		(a)	68.1%
BCBSVT Model Output for items supported by the AVC		(b)	72.6%
BCBSVT Model Output for complete benefit design		(c)	74.4%
Adjustment to the AVC	Estimated AVC value	(d)=(c)/(b)*(a)	69.8%

Items not supported by the AV Calculator for this plan are the Pharmacy OOPM of \$1,350 and Wellness (Safe Harbor) pharmaceuticals not subject to the deductible.

User Inputs for Plan Parameters
Use Integrated Medical and Drug Deductible? ☒
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate OOP Maximum for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐
Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design				Tier 2 Plan Benefit Design			
	Medical	Drug	Combined		Medical	Drug	Combined
Deductible (\$)			\$4,500.00				
Coinsurance (%; Insurer's Cost Share)			100.00%				
MOOP (\$)			\$4,500.00				
MOOP if Separate (\$)							

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible	Subject to Coinsurance	Coinsurance, if	Copay, if separate	Subject to	Subject to	Coinsurance, if	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?		
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Use Disorder	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		

Options for Additional Benefit Design Limits:
Set a Maximum on Specialty Rx Coinsurance Payments? ☐
Specialty Rx Coinsurance Maximum:
Set a Maximum Number of Days for Charging an IP Copay? ☐
Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of # Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?
Copays (1-10):
Plan Description:
Name: Blue Rewards Silver CDHP
Plan HIOS # 13627VT0390002 and 13627VT0370002
Issuer HIOS 13627

Output

Status/Error Messages: Calculation Successful.
Actuarial Value: 68.12%
Metal Tier: Silver
Additional Notes:
Calculation Time: 0.125 seconds
2018 AV Calculator

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Plan : Blue Rewards (Non-Standard) CDHP Plan - Silver 73% CSR			
Items supported by the AV Calculator	Deductible	\$3,500	
	Coinsurance	0%	
	OOPM	\$3,500	
AVC Output for items supported by the AVC		(a)	72.3%
BCBSVT Model Output for items supported by the AVC		(b)	76.3%
BCBSVT Model Output for complete benefit design		(c)	77.5%
Adjustment to the AVC	Estimated AVC value	(d)=(c)/(b)*(a)	73.5%

Items not supported by the AV Calculator for this plan are the Pharmacy OOPM of \$1,350 and Wellness (Safe Harbor) pharmaceuticals not subject to the deductible.

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	<input checked="" type="checkbox"/>	HSA/HRA Options	Tiered Network Option
Apply Inpatient Copay per Day?	<input type="checkbox"/>	HSA/HRA Employer Contribution?	<input type="checkbox"/>
Apply Skilled Nursing Facility Copay per Day?	<input type="checkbox"/>	Annual Contribution Amount:	1st Tier Utilization:
Use Separate OOP Maximum for Medical and Drug Spending?	<input type="checkbox"/>		2nd Tier Utilization:
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	<input checked="" type="checkbox"/>		
Desired Metal Tier	Silver		

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$3,500.00
Coinsurance (% Insurer's Cost Share)		100.00%
MOOP (\$)		\$3,500.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2		
	Subject to Deductible	Subject to Coinsurance	Coinsurance, if separate	Copay, if separate	Subject to Deductible	Subject to Coinsurance	Coinsurance, if separate	Copay, if separate	Copay applies only after deductible?		Copay applies only after deductible?		
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All	<input type="checkbox"/> All	<input type="checkbox"/> All	
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mental/Behavioral Health and Substance Use Disorder	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All	<input type="checkbox"/> All	<input type="checkbox"/> All	
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of # Visits (1-10):	<input type="checkbox"/>
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: Blue Rewards Silver CDHP - CSR 73%
Plan HIOS II 13627YT0390002 and 13627YT0370002
Issuer HIOS 13627

Output

[Calculate](#)

Status/Error Messages: CSR Level of 73% (200-250% FPL), Calculation Successful.
 Actuarial Value: 72.27%
 Metal Tier: Silver

Additional Notes:

Calculation Time: 0.0859 seconds

2018 AV Calculator

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2018 VERMONT QUALIFIED HEALTH PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

Plan : Blue Rewards (Non-Standard) CDHP Plan - Silver 77% CSR			
Items supported by the AV Calculator	Deductible	\$2,800	
	Coinsurance	0%	
	OOPM	\$2,800	
AVC Output for items supported by the AVC	(a)	75.7%	
BCBSVT Model Output for items supported by the AVC	(b)	79.3%	
BCBSVT Model Output for complete benefit design	(c)	80.2%	
Adjustment to the AVC	Estimated AVC value	(d)=(c)/(b)*(a)	76.6%

Items not supported by the AV Calculator for this plan are the Pharmacy OOPM of \$1,350 and Wellness (Safe Harbor) pharmaceuticals not subject to the deductible.

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? <input checked="" type="checkbox"/> Apply Inpatient Copay per Day? <input type="checkbox"/> Apply Skilled Nursing Facility Copay per Day? <input type="checkbox"/> Use Separate OOP Maximum for Medical and Drug Spending? <input type="checkbox"/> Indicate if Plan Meets CSR or Expanded Bronze AV Standard? <input checked="" type="checkbox"/> Desired Metal Tier: Silver	<table border="1" style="width: 100%;"> <tr> <th colspan="2">HSA/HRA Options</th></tr> <tr> <td>HSA/HRA Employer Contribution?</td><td><input type="checkbox"/></td></tr> <tr> <td>Annual Contribution Amount:</td><td></td></tr> </table>	HSA/HRA Options		HSA/HRA Employer Contribution?	<input type="checkbox"/>	Annual Contribution Amount:		<table border="1" style="width: 100%;"> <tr> <th colspan="2">Tiered Network Option</th></tr> <tr> <td>Tiered Network Plan?</td><td><input type="checkbox"/></td></tr> <tr> <td>1st Tier Utilization:</td><td></td></tr> <tr> <td>2nd Tier Utilization:</td><td></td></tr> </table>	Tiered Network Option		Tiered Network Plan?	<input type="checkbox"/>	1st Tier Utilization:		2nd Tier Utilization:	
HSA/HRA Options																
HSA/HRA Employer Contribution?	<input type="checkbox"/>															
Annual Contribution Amount:																
Tiered Network Option																
Tiered Network Plan?	<input type="checkbox"/>															
1st Tier Utilization:																
2nd Tier Utilization:																

<table border="1" style="width: 100%;"> <tr> <th colspan="3">Tier 1 Plan Benefit Design</th></tr> <tr> <th>Medical</th><th>Drug</th><th>Combined</th></tr> <tr> <td>Deductible (\$)</td><td></td><td>\$2,800.00</td></tr> <tr> <td>Coinsurance (%; Insurer's Cost Share)</td><td></td><td>100.00%</td></tr> <tr> <td>MOOP (\$)</td><td></td><td>\$2,800.00</td></tr> <tr> <td>MOOP if Separate (\$)</td><td></td><td></td></tr> </table>	Tier 1 Plan Benefit Design			Medical	Drug	Combined	Deductible (\$)		\$2,800.00	Coinsurance (%; Insurer's Cost Share)		100.00%	MOOP (\$)		\$2,800.00	MOOP if Separate (\$)			<table border="1" style="width: 100%;"> <tr> <th colspan="3">Tier 2 Plan Benefit Design</th></tr> <tr> <th>Medical</th><th>Drug</th><th>Combined</th></tr> <tr> <td></td><td></td><td></td></tr> <tr> <td></td><td></td><td></td></tr> <tr> <td></td><td></td><td></td></tr> </table>	Tier 2 Plan Benefit Design			Medical	Drug	Combined									
Tier 1 Plan Benefit Design																																		
Medical	Drug	Combined																																
Deductible (\$)		\$2,800.00																																
Coinsurance (%; Insurer's Cost Share)		100.00%																																
MOOP (\$)		\$2,800.00																																
MOOP if Separate (\$)																																		
Tier 2 Plan Benefit Design																																		
Medical	Drug	Combined																																

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1		Copay applies only after deductible?
	Subject to Deductible	Subject to Coinsurance	Coinsurance, if	Copay, if separate	Subject to Deductible	Subject to Coinsurance	Coinsurance, if	Copay, if separate			
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All	
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All	
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of # Visits (1-10):	<input type="checkbox"/>
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: Blue Rewards Silver CDHP - CSR 77%
Plan HIOS II 13627VT0390002 and 13627VT0370002
Issuer HIOS 13627

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Error: Result is outside of +/- 1 percent de minimis variation for CSRs.

75.70%

Additional Notes:

Calculation Time:

0.1211 seconds

2018 AV Calculator

Plan : Blue Rewards (Non-Standard) CDHP Plan - Silver 87% CSR			
Items supported by the AV Calculator	Deductible		\$1,300
	Coinsurance		0%
	OOPM		\$1,300
AVC Output for items supported by the AVC		(a)	85.9%
BCBSVT Model Output for items supported by the AVC		(b)	87.7%
BCBSVT Model Output for complete benefit design		(c)	88.0%
Adjustment to the AVC	Estimated AVC value		(d)=(c)/(b)*(a)
			86.1%

[illegible]

BLUE CROSS AND BLUE SHIELD OF VERMONT 2018 VERMONT QUALIFIED HEALTH PLANS METAL ACTUARIAL VALUES CERTIFICATION

Plan : Blue Rewards (Non-Standard) CDHP Plan - Silver 94% CSR			
Items supported by the AV Calculator	Deductible	\$550	
	Coinsurance	0%	
	OOPM	\$550	
AVC Output for items supported by the AVC		(a)	93.3%
BCBSVT Model Output for items supported by the AVC		(b)	93.8%
BCBSVT Model Output for complete benefit design		(c)	93.8%
Adjustment to the AVC	Estimated AVC value	(d)=(c)/(b)*(a)	93.3%

Items not supported by the AV Calculator for this plan are Wellness (Safe Harbor) pharmaceuticals not subject to the deductible.

User Inputs for Plan Parameters
Use Integrated Medical and Drug Deductible? ☒
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate OOP Maximum for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒
Desired Metal Tier: Platinum

HSA/HRA Options
HSA/HRA Employer Contribution? ☐
Annual Contribution Amount:

Tiered Network Option
Tiered Network Plan? ☐
1st Tier Utilization:
2nd Tier Utilization:

Tier 1 Plan Benefit Design

Medical	Drug	Combined
Deductible (\$)		\$550.00
Coinsurance (% Insurer's Cost Share)		100.00%
MOOP (\$)		\$550.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design

Medical	Drug	Combined

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	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	Subject to Deductible	Subject to Coinsurance	Coinsurance, if	Copay, if separate	Subject to Deductible	Subject to Coinsurance	Coinsurance, if	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:
Set a Maximum on Specialty Rx Coinsurance Payments? ☐
Specialty Rx Coinsurance Maximum:
Set a Maximum Number of Days for Charging an IP Copay? ☐
Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of # Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? ☐
Copays (1-10):

Plan Description:
Name: Blue Rewards Silver CDHP - CSR 94%
Plan HIOS II 13627VT0390002 and 13627VT0370002
Issuer HIOS 13627

Output

Status/Error Messages:
Actuarial Value: 93.27%
Metal Tier: Platinum
Additional Notes:
Calculation Time: 0.1094 seconds
2018 AV Calculator

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2018 VERMONT QUALIFIED HEALTH PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

Plan : Blue Rewards (Non-Standard) CDHP Plan - Bronze			
Items supported by the AV Calculator	Deductible	\$6,650	
	Coinsurance	0%	
	OOPM	\$6,650	
AVC Output for items supported by the AVC		(a)	60.2%
BCBSVT Model Output for items supported by the AVC		(b)	66.2%
BCBSVT Model Output for complete benefit design		(c)	67.5%
Adjustment to the AVC	Estimated AVC value	(d)=(c)/(b)*(a)	61.5%

Items not supported by the AV Calculator for this plan are the Wellness (Safe Harbor) pharmaceuticals not subject to the deductible.

User Inputs for Plan Parameters

☒ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate OOP Maximum for Medical and Drug Spending?
☒ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: Bronze

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)		\$6,650.00			
Coinsurance (% , Insurer's Cost Share)		100.00%			
MOOP (\$)		\$6,650.00			
MOOP if Separate (\$)					

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible?	Subject to Coinsurance	Coinsurance, if	Copay, if separate	Subject to Deductible?	Subject to Coinsurance	Coinsurance, if	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?		
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Use Disorder	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

☐ Set a Maximum on Specialty Rx Coinsurance Payments?
☐ Specialty Rx Coinsurance Maximum:
☐ Set a Maximum Number of Days for Charging an IP Copay?
 # Days (1-10):
☐ Begin Primary Care Cost-Sharing After a Set Number of Visits?
 # Visits (1-10):
☐ Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?
 # Copays (1-10):

Plan Description:
 Name: Blue Rewards Bronze CDHP
 Plan HIOS ID: 13627VT0390003 and 13627VT0370003
 Issuer HIOS ID: 13627

Output

Calculate

Status/Error Messages: Expanded Bronze Standard (58% to 65%), Calculation Successful.
 Actuarial Value: 60.22%
 Metal Tier: Bronze

Additional Notes:

Calculation Time: 0.4375 seconds

2018 AV Calculator

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2018 VERMONT QUALIFIED HEALTH PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

Blue Rewards Copayment Plans

Items not supported by the AV Calculator for all of these plans are

- Three Mental Health office visits at no cost share before the deductible
- Class I Pediatric Dental at no cost share
- Copayment on Urgent Care, Emergency Medical Transportation, DME services and Home Health Care

Items not supported by the AV Calculator for Gold, Silver, CSR 73%, CSR 77% and CSR 87% plans are

- Specific Pharmacy out-of-pocket maximum of \$1,350

For Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, we blended the Office Visit copayment and the Outpatient Facility copayment based on the frequency of services from the continuance tables in the AVC to calculate the input needed in the AVC.

BLUE CROSS AND BLUE SHIELD OF VERMONT 2018 VERMONT QUALIFIED HEALTH PLANS METAL ACTUARIAL VALUES CERTIFICATION

Plan: Blue Rewards (Non-Standard) Copayment Plan - Gold		
Items supported by the AV Calculator	Deductible	\$1,500
	Coinsurance	0%
	OOPM	\$4,500
	Copayments after the deductible	See print below
	PCP visits at no cost share before the deductible	3
AVC Output for items supported by the AVC		(a) 75.5%
BCBSVT Model Output for items supported by the AVC		(b) 81.8%
BCBSVT Model Output for complete benefit design		(c) 82.8%
Estimated AVC value		(d)=(c)/(b)*(a) 76.5%

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☒ ☐ HSA/HRA Employer Contribution? ☐ **HSA/HRA Options**

Apply Inpatient Copay per Day? ☐ **Tiered Network Option**

Apply Skilled Nursing Facility Copay per Day? ☐ Tiered Network Plan? ☐

Use Separate OOP Maximum for Medical and Drug Spending? ☐ Annual Contribution Amount:

Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐ 1st Tier Utilization:

Desired Metal Tier: 2nd Tier Utilization:

Tier 1 Plan Benefit Design

	Medical	Drug	Combined
Deductible (\$)			\$1,500.00
Coinsurance (% Insurer's Cost Share)			100.00%
MOOP (\$)			\$4,500.00
MOOP if Separate (\$)			

Tier 2 Plan Benefit Design

	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (% Insurer's Cost Share)			
MOOP (\$)			
MOOP if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible	Subject to Coinsurance	Coinsurance, if separate	Copay, if separate	Subject to Deductible	Subject to Coinsurance	Coinsurance, if separate	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?		
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$19.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery/Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? ☐

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay? ☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of # Visits (1-10): ☒ 3

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? ☐

Copays (1-10):

Plan Description:

Name: Blue Rewards Gold

Plan HIOS II 13627VT0380001 and 13627VT0380001

Issuer HIOS 13627

Output

Calculate

Status/Error Messages: Error: Result is outside of +/- 2 percent de minimis variation.

Actuarial Value: 75.47%

Metal Tier:

Additional Notes: NOTE: Service-specific cost-sharing is applying for service(s) with facprof components, overriding outpatient inputs for those service(s).

Calculation Time: 0.1367 seconds

2018 AV Calculator

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2018 VERMONT QUALIFIED HEALTH PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

Plan: Blue Rewards (Non-Standard) Copayment Plan - Silver		
Items supported by the AV Calculator	Deductible	\$2,750
	Coinsurance	0%
	OOPM	\$7,350
	Copayments after the deductible	See print below
	PCP visits at no cost share before the deductible	3
AVC Output for items supported by the AVC		(a) 66.6%
BCBSVT Model Output for items supported by the AVC		(b) 73.3%
BCBSVT Model Output for complete benefit design		(c) 75.3%
Estimated AVC value		(d)=(c)/(b)*(a) 68.4%

User Inputs for Plan Parameters

<input checked="" type="checkbox"/> Use Integrated Medical and Drug Deductible? <input type="checkbox"/> Apply Inpatient Copay per Day? <input type="checkbox"/> Apply Skilled Nursing Facility Copay per Day? <input type="checkbox"/> Use Separate OOP Maximum for Medical and Drug Spending? <input type="checkbox"/> Indicate if Plan Meets CSR or Expanded Bronze AV Standard? Desired Metal Tier: Silver	<table border="1" style="width: 100%;"> <tr> <th colspan="2">HSA/HRA Options</th></tr> <tr> <td>HSA/HRA Employer Contribution?</td><td><input type="checkbox"/></td></tr> <tr> <td>Annual Contribution Amount:</td><td></td></tr> </table>	HSA/HRA Options		HSA/HRA Employer Contribution?	<input type="checkbox"/>	Annual Contribution Amount:		<table border="1" style="width: 100%;"> <tr> <th colspan="2">Tiered Network Option</th></tr> <tr> <td>Tiered Network Plan?</td><td><input type="checkbox"/></td></tr> <tr> <td>1st Tier Utilization:</td><td></td></tr> <tr> <td>2nd Tier Utilization:</td><td></td></tr> </table>	Tiered Network Option		Tiered Network Plan?	<input type="checkbox"/>	1st Tier Utilization:		2nd Tier Utilization:	
HSA/HRA Options																
HSA/HRA Employer Contribution?	<input type="checkbox"/>															
Annual Contribution Amount:																
Tiered Network Option																
Tiered Network Plan?	<input type="checkbox"/>															
1st Tier Utilization:																
2nd Tier Utilization:																

Deductible (\$) Coinsurance (%; Insurer's Cost Share) MOOP (\$) MOOP if Separate (\$)	<table border="1" style="width: 100%;"> <tr> <th colspan="3">Tier 1 Plan Benefit Design</th></tr> <tr> <th>Medical</th><th>Drug</th><th>Combined</th></tr> <tr> <td></td><td></td><td>\$2,750.00</td></tr> <tr> <td></td><td></td><td>100.00%</td></tr> <tr> <td></td><td></td><td>\$7,350.00</td></tr> </table>	Tier 1 Plan Benefit Design			Medical	Drug	Combined			\$2,750.00			100.00%			\$7,350.00	<table border="1" style="width: 100%;"> <tr> <th colspan="3">Tier 2 Plan Benefit Design</th></tr> <tr> <th>Medical</th><th>Drug</th><th>Combined</th></tr> <tr> <td></td><td></td><td></td></tr> <tr> <td></td><td></td><td></td></tr> </table>	Tier 2 Plan Benefit Design			Medical	Drug	Combined						
Tier 1 Plan Benefit Design																													
Medical	Drug	Combined																											
		\$2,750.00																											
		100.00%																											
		\$7,350.00																											
Tier 2 Plan Benefit Design																													
Medical	Drug	Combined																											

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2		
	Subject to Deductible	Subject to Coinsurance	Coinsurance, if	Copay, if separate	Subject to	Subject to	Coinsurance, if	Copay, if separate	Copay applies only after deductible?		Copay applies only after deductible?		
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All	
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$29.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All	
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of # Visits (1-10):	<input checked="" type="checkbox"/>
# Visits (1-10):	3
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: Blue Rewards Silver
Plan HIOS II 13627VT0380002 and 13627VT0360002
Issuer HIOS 13627

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

2018 AV Calculator

Error: Result is outside of +/- 2 percent de minimis variation.
 66.55%

NOTE: Service-specific cost-sharing is applying for service(s) with facprof components, overriding outpatient inputs for those service(s).

0.1289 seconds

BLUE CROSS AND BLUE SHIELD OF VERMONT 2018 VERMONT QUALIFIED HEALTH PLANS METAL ACTUARIAL VALUES CERTIFICATION

Plan: Blue Rewards (Non-Standard) Copayment Plan - Silver CSR 73%		
Items supported by the AV Calculator	Deductible	\$2,100
	Coinsurance	0%
	OOPM	\$5,700
	Copayments after the deductible	See print below
	PCP visits at no cost share before the deductible	3
AVC Output for items supported by the AVC		(a) 70.8%
BCBSVT Model Output for items supported by the AVC		(b) 76.4%
BCBSVT Model Output for complete benefit design		(c) 77.9%
Estimated AVC value		(d)=(c)/(b)*(a) 72.1%

User Inputs for Plan Parameters

☒ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate OOP Maximum for Medical and Drug Spending?
☒ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Silver

HSA/HRA Options		Tiered Network Option
<input type="checkbox"/> HSA/HRA Employer Contribution?	<input type="checkbox"/>	<input type="checkbox"/> Tiered Network Plan?
Annual Contribution Amount:		1st Tier Utilization:
		2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)		\$2,100.00			
Coinsurance (% Insurer's Cost Share)		100.00%			
MOOP (\$)		\$5,700.00			
MOOP if Separate (\$)					

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Type of Benefit	Tier 1				Tier 2				Tier 1 Tier 2	
	Subject to Deductible	Subject to Coinsurance	Coinsurance, if	Copay, if separate	Subject to	Subject to	Coinsurance, if	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$23.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

☐ Set a Maximum on Specialty Rx Coinsurance Payments?
☐ Specialty Rx Coinsurance Maximum:
☐ Set a Maximum Number of Days for Charging an IP Copay?
☐ # Days (1-10):
☒ Begin Primary Care Cost-Sharing After a Set Number of # Visits (1-10): 3
☐ Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?
☐ # Copays (1-10):

Plan Description:

Name: Blue Rewards Silver - CSR 73%
Plan HIOS II: 13627VT0380002 and 13627VT0360002
Issuer HIOS: 13627

Output

[Calculate](#)

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

2018 AV Calculator

Error: Result is outside of +/- 1 percent de minimis variation for CSRs.
70.77%

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.1289 seconds

BLUE CROSS AND BLUE SHIELD OF VERMONT 2018 VERMONT QUALIFIED HEALTH PLANS METAL ACTUARIAL VALUES CERTIFICATION

Plan: Blue Rewards (Non-Standard) Copayment Plan - Silver CSR 77%		
Items supported by the AV Calculator	Deductible	\$1,000
	Coinsurance	0%
	OOPM	\$5,200
	Copayments after the deductible	See print below
	PCP visits at no cost share before the deductible	3
AVC Output for items supported by the AVC		(a) 75.1%
BCBSVT Model Output for items supported by the AVC		(b) 81.0%
BCBSVT Model Output for complete benefit design		(c) 82.0%
Estimated AVC value		(d)=(c)/(b)*(a) 76.0%

User Inputs for Plan Parameters

<input checked="" type="checkbox"/> Use Integrated Medical and Drug Deductible? <input type="checkbox"/> Apply Inpatient Copay per Day? <input type="checkbox"/> Apply Skilled Nursing Facility Copay per Day? <input type="checkbox"/> Use Separate OOP Maximum for Medical and Drug Spending? <input checked="" type="checkbox"/> Indicate if Plan Meets CSR or Expanded Bronze AV Standard? Desired Metal Tier: Silver	<table border="1" style="width: 100%;"> <tr> <th>HSA/HRA Options</th> <th>Tiered Network Option</th> </tr> <tr> <td>HSA/HRA Employer Contribution? <input type="checkbox"/></td> <td>Tiered Network Plan? <input type="checkbox"/></td> </tr> <tr> <td>Annual Contribution Amount:</td> <td>1st Tier Utilization: 2nd Tier Utilization:</td> </tr> </table>	HSA/HRA Options	Tiered Network Option	HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>	Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:
HSA/HRA Options	Tiered Network Option						
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>						
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:						

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$1,000.00
Coinsurance (%; Insurer's Cost Share)		100.00%
MOOP (\$)		\$5,200.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1 Tier 2	
	Subject to Deductible	Subject to Coinsurance	Coinsurance, if	Copag. if separate	Subject to Deductible	Subject to Coinsurance	Coinsurance, if	Copag. if separate	Copag applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$29.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of # Visits (1-10):	3
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays (1-10):	<input type="checkbox"/>

Plan Description:

Name: Blue Rewards Silver - CSR 77%
Plan HIOS II 13627VT0380002 and 13627VT0380002
Issuer HIOS 13627

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

2018 AV Calculator

Error: Result is outside of +/- 1 percent de minimis variation for CSRs.

75.11%

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.1367 seconds

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2018 VERMONT QUALIFIED HEALTH PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

Plan: Blue Rewards (Non-Standard) Copayment Plan - Silver CSR 87%			
Items supported by the AV Calculator	Deductible		\$200
	Coinsurance		0%
	OOPM		\$2,000
	Copayments after the deductible		See print below
	PCP visits at no cost share before the deductible		3
AVC Output for items supported by the AVC		(a)	86.6%
BCBSVT Model Output for items supported by the AVC		(b)	90.6%
BCBSVT Model Output for complete benefit design		(c)	90.7%
Estimated AVC value		(d)=(c)/(b)*(a)	86.7%

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☒ **HSA/HRA Options** HSA/HRA Employer Contribution? ☐ **Tiered Network Option** Tiered Network Plan? ☐
 Apply Inpatient Copay per Day? ☐ **Annual Contribution Amount:** **1st Tier Utilization:**
 Apply Skilled Nursing Facility Copay per Day? ☐ **2nd Tier Utilization:**
 Use Separate OOP Maximum for Medical and Drug Spending? ☐
 Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒
 Desired Metal Tier: **Gold**

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$200.00			
Coinsurance (%; Insurer's Cost Share)			100.00%			
MOOP (\$)			\$2,000.00			
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible	Subject to Coinsurance	Coinsurance, if	Copay, if separate	Subject to Deductible	Subject to Coinsurance	Coinsurance, if	Copay, if separate	Copay applies only after deductible?			
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Use Disorder	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$29.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? ☐
 Specialty Rx Coinsurance Maximum:
 Set a Maximum Number of Days for Charging an IP Copay? ☐
 # Days (1-10):
 Begin Primary Care Cost-Sharing After a Set Number of # Visits (1-10): ☒ 3
 Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? ☐
 # Copays (1-10):

Plan Description:
Name: Blue Rewards Silver - CSR 87%
Plan HIOS II 1362VT0380002 and 1362VT0360002
Issuer HIOS 13627

Output

Status/Error Messages: CSR Level of 87% (150-200% FPL), Calculation Successful.
 Actuarial Value: 86.56%
 Metal Tier: Gold
 NOTE: Service-specific cost-sharing is applying for service(s) with facprof components, overriding outpatient inputs for those service(s).
 Additional Notes:
 Calculation Time: 0.125 seconds
2018 AV Calculator

BLUE CROSS AND BLUE SHIELD OF VERMONT 2018 VERMONT QUALIFIED HEALTH PLANS METAL ACTUARIAL VALUES CERTIFICATION

Plan: Blue Rewards (Non-Standard) Copayment Plan - Silver CSR 94%

The inclusion of Mental Health office visits in the three PCP or Mental Health Office visits at no cost share before the deductible benefit and copays on Urgent Care, Emergency Medical Transportation, DME services and Home Health Care are not supported by the AVC for this plan. The difference between the AVC benefit of three PCP visits at no cost share before the deductible and the BCBSVT benefit of three PCP or MHSA visits at no cost share is immaterial² and the addition of copays on Urgent Care, Emergency Medical Transportation, DME services and Home Health Care is also immaterial; therefore we are using the AVC directly for this plan.

User Inputs for Plan Parameters
Use Integrated Medical and Drug Deductible? ☒
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate OOP Maximum for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒
Desired Metal Tier: Platinum

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

Tier 1 Plan Benefit Design

Medical	Drug	Combined
Deductible (\$)		\$0.00
Coinsurance (%; Insurer's Cost Share)		100.00%
MOOP (\$)		\$350.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design

Medical	Drug	Combined
Deductible (\$)		
Coinsurance (%; Insurer's Cost Share)		
MOOP (\$)		
MOOP if Separate (\$)		

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible	Subject to Coinsurance	Coinsurance, if	Copay, if separate	Subject to Deductible	Subject to Coinsurance	Coinsurance, if	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?		
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Use Disorder	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$14.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	40%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		

Options for Additional Benefit Design Limits:
Set a Maximum on Specialty Rx Coinsurance Payments? ☐
Specialty Rx Coinsurance Maximum:
Set a Maximum Number of Days for Charging an IP Copay? ☐
Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of # Visits (1-10): ☒ 3
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? ☐
Copays (1-10):

Plan Description:
Name: Blue Rewards Silver - CSR 94%
Plan HIOS II 13627VT0380002 and 13627VT0360002
Issuer HIOS 13627

Output

Status/Error Messages: CSR Level of 94% (100-150% FPL), Calculation Successful.
Actuarial Value: 93.01%
Metal Tier: Platinum
Additional Notes: NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).
Calculation Time: 0.0781 seconds
2018 AV Calculator

² The AV calculator produces an AV of 94.08% for a plan with identical inputs other than MHSA cost sharing which is set to no cost sharing, therefore the waiving of cost sharing on up to three MHSA visits for those not having 3 or more PCP visits is not expected to have any material impact.

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2018 VERMONT QUALIFIED HEALTH PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

Plan: Blue Rewards (Non-Standard) Copayment Plan - Bronze		
Items supported by the AV Calculator	Deductible	\$7,350
	Coinsurance	0%
	OOPM	\$7,350
	Copayments after the deductible	See print below
	PCP visits at no cost share before the deductible	3
AVC Output for items supported by the AVC		(a) 61.3%
BCBSVT Model Output for items supported by the AVC		(b) 66.6%
BCBSVT Model Output for complete benefit design		(c) 66.9%
Estimated AVC value		(d)=(c)/(b)*(a) 61.6%

User Inputs for Plan Parameters

☒ Use Integrated Medical and Drug Deductible?
☐ Apply Inpatient Copay per Day?
☐ Apply Skilled Nursing Facility Copay per Day?
☐ Use Separate OOP Maximum for Medical and Drug Spending?
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
 Desired Metal Tier: Bronze

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)		\$7,350.00			
Coinsurance (%; Insurer's Cost Share)		100.00%			
MOOP (\$)		\$7,350.00			
MOOP if Separate (\$)					

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible	Subject to Coinsurance	Coinsurance, if	Copay, if separate	Subject to	Subject to	Coinsurance, if	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

☐ Set a Maximum on Specialty Rx Coinsurance Payments?
 Specialty Rx Coinsurance Maximum: _____
☐ Set a Maximum Number of Days for Charging an IP Copay?
 # Days (1-10): _____
☒ Begin Primary Care Cost-Sharing After a Set Number of
 # Visits (1-10): 3
☐ Begin Primary Care Deductible/Coinsurance After a Set
 Number of Copays?
 # Copays (1-10): _____

Plan Description:

Name: Blue Rewards Bronze
Plan HIOS II 13627VT0380003 and 13627VT0360003
Issuer HIOS 13627

Output

[Calculate](#)

Status/Error Messages: Calculation Successful.
 Actuarial Value: 61.30%
 Metal Tier: Bronze

Additional Notes:

Calculation Time: 0.1602 seconds
2018 AV Calculator

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2018 VERMONT QUALIFIED HEALTH PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

Appendix – Complete Benefit Designs

	Gold	Silver	73% AV	77% AV	87% AV	94% AV	Bronze
Deductible/OOP Max	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible
Medical Ded	\$1,500	\$2,750	\$2,100	\$1,000	\$200	\$0	\$7,350
Rx Ded	Combined	Combined	Combined	Combined	Combined	Combined	Combined
Integrated Ded	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Medical OOPM	\$4,500	\$7,350	\$5,700	\$5,200	\$2,000	\$950	\$7,350
Rx OOPM	\$1,350	\$1,350	\$1,350	\$1,350	\$1,350	\$950	Combined
Integrated OOPM	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Family Deductible / OOP	Aggregate, 2x Family, Embedded Individual OOPM of \$7,350	Aggregate, 2x Family, Embedded Individual OOPM of \$7,350	Aggregate, 2x Family, Embedded Individual OOPM of \$7,350	Aggregate, 2x Family, Embedded Individual OOPM of \$7,350	Aggregate, 2x Family	Aggregate, 2x Family	Aggregate, 2x Family, Embedded Individual OOPM of \$7,350
Medical Deductible waived for:	Preventive Care, 3 PCP/MH Office Visits, Pediatric Dental Class I	Preventive Care, 3 PCP/MH Office Visits, Pediatric Dental Class I	Preventive Care, 3 PCP/MH Office Visits, Pediatric Dental Class I	Preventive Care, 3 PCP/MH Office Visits, Pediatric Dental Class I	Preventive Care, 3 PCP/MH Office Visits, Pediatric Dental Class I	Preventive Care, 3 PCP/MH Office Visits, Pediatric Dental Class I	Preventive Care, 3 PCP/MH Office Visits, Pediatric Dental Class I
Drug Deductible waived for:	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Service Category							
Preventive	\$0	\$0	\$0	\$0	\$0	\$0	\$0
PCP Office Visit	3 visits per member combined PCP/MH at no cost share before deductible then \$20 copay	3 visits per member combined PCP/MH at no cost share before deductible then \$30 copay	3 visits per member combined PCP/MH at no cost share before deductible then \$30 copay	3 visits per member combined PCP/MH at no cost share before deductible then \$30 copay	3 visits per member combined PCP/MH at no cost share before deductible then \$30 copay	3 visits per member combined PCP/MH at no cost share before deductible then \$15 copay	3 visits per member combined PCP/MH at no cost share before deductible then \$0 copay
MH/SA Office Visit							
Specialist Office Visit	\$30	\$50	\$50	\$50	\$50	\$35	\$0
Urgent Care	\$30	\$50	\$50	\$50	\$50	\$35	\$0
Ambulance	\$30	\$50	\$50	\$50	\$50	\$35	\$0
DME	\$30	\$50	\$50	\$50	\$50	\$35	\$0
ER	\$250	\$400	\$400	\$400	\$250	\$250	\$0
Radiology (MRI, CT, PET)	\$500	\$1,500	\$1,500	\$1,500	\$500	\$0	\$0
Inpatient / Outpatient	\$500	\$1,500	\$1,500	\$1,500	\$500	\$0	\$0
Rx Generic	\$5	\$5	\$5	\$5	\$5	\$5	\$0
Rx Preferred Brand	40%	40%	40%	40%	40%	40%	0%
Rx Non-Preferred Brand	60%	60%	60%	60%	60%	60%	0%
Estimated 2018 AVC Value	76.5%	68.4%	72.1%	76.0%	86.7%	93.0%	61.6%

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2018 VERMONT QUALIFIED HEALTH PLANS
METAL ACTUARIAL VALUES CERTIFICATION**

	Gold	Silver	73% AV	77% AV	87% AV	94% AV	Bronze
Deductible/OOP Max	CDHP	CDHP	CDHP	CDHP	CDHP	CDHP - Not HSAQ	CDHP -
Medical Ded	\$2,750	\$4,500	\$3,500	\$2,800	\$1,300	\$550	\$6,650
Rx Ded	Combined	Combined	Combined	Combined	Combined	Combined	Combined
Integrated Ded	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Medical OOPM	\$2,750	\$4,500	\$3,500	\$2,800	\$1,300	\$550	\$6,650
Rx OOPM	\$1,350	\$1,350	\$1,350	\$1,350	\$1,300	\$550	Combined
Integrated OOPM	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Family Deductible / OOP	Aggregate, 2x Family	Aggregate, 2x Family, Embedded Individual OOPM of \$7,350	Aggregate, 2x Family	Aggregate, 2x Family	Aggregate, 2x Family	Aggregate, 2x Family	Aggregate, 2x Family, Embedded Individual OOPM of \$7,350
Medical Deductible waived for:	Preventive Care	Preventive Care	Preventive Care	Preventive Care	Preventive Care	Preventive Care	Preventive Care
Drug Deductible waived for:	Wellness Scripts	Wellness Scripts	Wellness Scripts	Wellness Scripts	Wellness Scripts	Wellness Scripts	Wellness Scripts
Service Category							
Preventive	\$0	\$0	\$0	\$0	\$0	\$0	\$0
PCP Office Visit	0%	0%	0%	0%	0%	0%	0%
MH/SA Office Visit	0%	0%	0%	0%	0%	0%	0%
Specialist Office Visit	0%	0%	0%	0%	0%	0%	0%
Urgent Care	0%	0%	0%	0%	0%	0%	0%
Ambulance	0%	0%	0%	0%	0%	0%	0%
DME	0%	0%	0%	0%	0%	0%	0%
ER	0%	0%	0%	0%	0%	0%	0%
Radiology (MRI, CT, PET)	0%	0%	0%	0%	0%	0%	0%
Inpatient/Outpatient	0%	0%	0%	0%	0%	0%	0%
Rx Generic	\$5	\$15	\$15	\$15	\$15	\$15	\$25
Rx Preferred Brand	40%	40%	40%	40%	40%	40%	40%
Rx Non-Preferred Brand	60%	60%	60%	60%	60%	60%	60%
Estimated 2018 AVC Value	77.2%	69.8%	73.5%	76.6%	86.1%	93.3%	61.5%

2018 Rates Table Template v7.1		<i>All fields with an asterisk (*) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.</i>									
		<i>If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.</i>									
		<i>If you are not in a community rating state, select Age-Based Rates under Rating Method and provide an Individual Rate for every age band.</i>									
		<i>If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.</i>									
		<i>To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.</i>									
HIOS Issuer ID*	13627										
Federal TIN*	03-0277307										
Rate Effective Date*	1/1/2018										
Rate Expiration Date*	12/31/2018										
Rating Method*	Family-Tier Rates										
Family Tier											
Plan ID*	Rating Area ID*	Individual Rate*	Couple *	Primary Subscriber and One Dependent*	Primary Subscriber and Two Dependents*	Primary Subscriber and Three or More Dependents*	Couple and One Dependent*	Couple and Two Dependents*	Couple and Three or More Dependents*		
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of a couple based on the pairing of a primary enrollee and a secondary subscriber (e.g. husband and spouse)	Required: Enter the rate of a family based on a single parent with one dependent	Required: Enter the rate of a family based on a single parent with two dependents	Required: Enter the rate of a family based on a single parent with three or more dependents	Required: Enter the rate of a family based on a couple with one dependent	Required: Enter the rate of a family based on a couple with two dependents	Required: Enter the rate of a family based on a couple with three or more dependents		
13627VT0380001	Rating Area 1	653.70	1307.40	1261.64	1261.64	1261.64	1836.90	1836.90	1836.90		
13627VT0380002	Rating Area 1	566.96	1133.92	1094.23	1094.23	1094.23	1593.16	1593.16	1593.16		
13627VT0380003	Rating Area 1	500.09	1000.18	965.17	965.17	965.17	1405.25	1405.25	1405.25		
13627VT0390001	Rating Area 1	626.62	1253.24	1209.38	1209.38	1209.38	1760.80	1760.80	1760.80		
13627VT0390002	Rating Area 1	549.72	1099.44	1060.96	1060.96	1060.96	1544.71	1544.71	1544.71		
13627VT0390003	Rating Area 1	499.87	999.74	964.75	964.75	964.75	1404.63	1404.63	1404.63		
13627VT0340002	Rating Area 1	775.91	1551.82	1497.51	1497.51	1497.51	2180.31	2180.31	2180.31		
13627VT0340003	Rating Area 1	678.08	1356.16	1308.69	1308.69	1308.69	1905.40	1905.40	1905.40		
13627VT0340004	Rating Area 1	578.85	1157.70	1117.18	1117.18	1117.18	1626.57	1626.57	1626.57		
13627VT0350001	Rating Area 1	589.65	1179.30	1138.02	1138.02	1138.02	1656.92	1656.92	1656.92		
13627VT0340005	Rating Area 1	503.74	1007.48	972.22	972.22	972.22	1415.51	1415.51	1415.51		
13627VT0350002	Rating Area 1	507.83	1015.66	980.11	980.11	980.11	1427.00	1427.00	1427.00		
13627VT0340006	Rating Area 1	515.06	1030.12	994.07	994.07	994.07	1447.32	1447.32	1447.32		
13627VT0340001	Rating Area 1	253.80	507.60	489.83	489.83	489.83	713.18	713.18	713.18		
13627VT0360001	Rating Area 1	653.70	1307.40	1261.64	1261.64	1261.64	1836.90	1836.90	1836.90		
13627VT0360002	Rating Area 1	566.96	1133.92	1094.23	1094.23	1094.23	1593.16	1593.16	1593.16		
13627VT0360003	Rating Area 1	500.09	1000.18	965.17	965.17	965.17	1405.25	1405.25	1405.25		
13627VT0370001	Rating Area 1	626.62	1253.24	1209.38	1209.38	1209.38	1760.80	1760.80	1760.80		
13627VT0370002	Rating Area 1	549.72	1099.44	1060.96	1060.96	1060.96	1544.71	1544.71	1544.71		
13627VT0370003	Rating Area 1	499.87	999.74	964.75	964.75	964.75	1404.63	1404.63	1404.63		
13627VT0320001	Rating Area 1	775.91	1551.82	1497.51	1497.51	1497.51	2180.31	2180.31	2180.31		
13627VT0320002	Rating Area 1	678.08	1356.16	1308.69	1308.69	1308.69	1905.40	1905.40	1905.40		
13627VT0320003	Rating Area 1	578.85	1157.70	1117.18	1117.18	1117.18	1626.57	1626.57	1626.57		
13627VT0330001	Rating Area 1	589.65	1179.30	1138.02	1138.02	1138.02	1656.92	1656.92	1656.92		
13627VT0320004	Rating Area 1	503.74	1007.48	972.22	972.22	972.22	1415.51	1415.51	1415.51		
13627VT0330002	Rating Area 1	507.83	1015.66	980.11	980.11	980.11	1427.00	1427.00	1427.00		
13627VT0320005	Rating Area 1	515.06	1030.12	994.07	994.07	994.07	1447.32	1447.32	1447.32		

Please provide Company specific inputs for any cells shaded in blue that currently has dummy variables.

Purpose, Scope, and Reason for Rate Increase

Insurance Company Name	Blue Cross and Blue Shield of Vermont
HIOS ID	19827
SERFF Filing Number	5/12/2017
Date of Submission	1/1/2018
Proposed Effective Date	
Average Annual Premium	
Before Rate Change	\$9,788
After Rate Change	\$11,029
Amount in SERFF's Rate Review Detail Section Explanation for differences	
Proposed Overall Rate Change	12.68% N/A
Proposed Minimum Rate Change	5.54% N/A
Proposed Maximum Rate Change	14.64% N/A

If the difference between the maximum and minimum rate increase is greater than 10%, Provide a statement and clear delineation of contributing factors explaining why certain individual will receive a rate decrease as low as the minimum while others will face rate increases as high as the maximum

N/A

Relationship of Proposed Rate Scale to Current Rate Scale:

Provide a detailed breakdown of the average rate change from the previous approved filing by using the chart below to itemize the drivers of the average rate change. The table should include the previous assumption, current assumption, and the resulting change. Include additional lines as necessary.

Source of Change	Previous filing Assumption	Current Filing Assumption	Ratio	Relative Current Filing / Previous filing
Base Period Experience	503.97	538.39	1.068	
Base Period Utilization Factor	0.9899	1.0035	1.013	
Pricing Trend	1.0997	1.1110	1.010	
Mortality Adjustment	1.0044	0.9978	0.993	
Risk Adjustment Recoveries	0.9979	1.0000	1.002	
Pent Up Demand	1.0050	1.0000	1.000	
Reinsurance Recoveries	1.0000	1.0000	1.000	
Reinsurance Premium	1.0000	1.0000	1.000	
Average Age Impact	1.0058	1.0100	1.004	
Additional EHB	1.0042	1.0000	0.996	
Exchange Fee	1.0000	1.0000	1.000	
Fixed Cost Adjustment	1.0776	1.0743	0.997	
SG&A	1.0000	1.0000	1.000	
Margin	1.0000	1.0000	0.999	
Taxes and Fees	1.0000	1.0400	1.040	
Benefit Design Changes	0.9811	0.9820	0.997	
Geography	1.0000	1.0000	1.000	
Tobacco	1.0000	1.0000	1.000	
Provider Networks Changes	0.9987	0.9999	1.001	
Non System Claims	1.0014	0.9940	0.993	
Impact of Selection	1.0105	1.0199	1.009	
Pharmacy Contract	0.9811	0.9963	1.006	
Non-EHB	1.0002	1.0002	1.000	
xxxxx	xxxx	xxxx	1.000	
Total Rate Change			1.129	

If applicable, Provide an explanation for the difference between the Calculated Rate change and the average rate change in cell B17

The small difference between the calculated rate change and the average rate change is due to membership mix, contract mix, order of operations and methodology.

Annual Rate Change Distribution

	Impacted # of Contracts	Impacted # of Members	Impacted # of Groups
Reduction of 15.00% or more	0	0	0
Reduction of 10.01% to 14.99%	0	0	0
Reduction of 5.01% to 10.00%	0	0	0
Reduction of 0.01% to 5.00%	0	0	0
No Change	0	0	0
Increase of 0.01% to 5.00%	0	0	0
Increase of 5.01% to 10.00%	227	254	0
Increase of 10.01% to 14.99%	42,130	69,801	5,848
Increase of 15.00% or more	0	0	0
Total	42,357	70,055	5,848

History of Rate Changes

For Year	Average Annual Proposed Rate Change	Average Annual Approved Rate Change
2014	N/A	N/A
2015	9.81%	7.70%
2016	8.40%	5.90%
2017	8.90%	7.50%

Retention

	PMPM in effect during the experience period	PMPM from Most Recent Approved Rate Filing	Proposed PMPM for Effective Date	Proposed Change in PMPM Compared to Prior 12 months	Proposed Change in PMPM Compared to Most Recently Approved Filing
Date	January 2016 - December 2016	January 2017 - December 2017	January 2018 - December 2018		
Commissions & Brokers Fees	\$0.00	\$0.00	\$0.00		
Taxes, Licenses & Fees	\$0.55	\$0.46	\$0.58	4.95%	26.79%
Exchange Fee	\$0.00	\$0.00	\$0.00		
Reinsurance	\$0.00	\$0.00	\$0.00		
All Other Admin Expenses	\$33.27	\$33.76	\$34.02	2.24%	0.78%
Profit/Risk Margin	\$43.09	\$11.09	\$12.19	-152.80%	10.34%

	As % of Premium during the experience period	As % of Premium from Most Recent Approved Rate Filing	Proposed As % of Premium for Effective Date	Proposed Change in % of Premium Compared to Prior 12 months	Proposed Change in % of Premium Compared to Most Recently Approved Filing
Commissions & Brokers Fees	0.00%	0.00%	0.00%		
Taxes, Licenses & Fees	0.12%	0.09%	0.10%	-14.67%	12.52%
Exchange Fee	0.00%	0.00%	0.00%		
Reinsurance	0.00%	0.00%	0.00%		
All Other Admin Expenses	7.38%	8.64%	6.12%	-16.87%	-10.59%
Profit/Risk Margin	-5.11%	2.24%	2.19%	-142.93%	-2.08%

The Department is requesting each carrier provide a detailed commission schedule. Include in the following text box or state where in the filing it is located.

BCBSVT does not pay commissions on QHP plans.

Actuarial Memo Dataset (2018 issues) - BCBSVT

Trend & Projection Assumptions

Monthly Trend Analysis Based on Experience Data Time Period used for Rate Development (ACA Only)	Month	Member Months	Monthly Allowed Claims \$ PMPM*	Rolling 12 Mo Trend	Annualized Rolling 6 Mo			Average Benefit Factor	Average Age/Gender Factor	Other Factor	Normalized Monthly Allowed Claims \$ PMPM*	Normalized Rolling 12 Mo Trend	Normalized Annualized Rolling 6 Mo Trend	Normalized Annualized Rolling 3 Mo Trend	
					Trend	Annualized Rolling 3 Mo Trend									
Last Month in Experience Period	Jan-2014	30,469	\$437.11					1.32	1.24	1.01	\$310.56				
	Feb-2014	33,603	\$444.85					1.02	1.25	1.01	\$345.71				
	Mar-2014	31,943	\$445.84					1.02	1.25	1.01	\$346.12				
	Apr-2014	60,360	\$454.58					1.02	1.25	1.01	\$354.57				
	May-2014	62,750	\$458.26					1.05	1.25	1.01	\$357.69				
	Jun-2014	63,204	\$461.80					1.02	1.25	1.01	\$360.62			28.18%	
	Jul-2014	64,078	\$467.06				14.60%	1.02	1.25	1.01	\$366.28			9.84%	
	Aug-2014	64,549	\$463.98				8.68%	1.02	1.25	1.01	\$353.95			3.59%	
	Sep-2014	64,646	\$479.22				4.60%	1.02	1.25	1.01	\$373.31			4.00%	
	Oct-2014	64,569	\$535.79				29.49%	1.02	1.25	1.01	\$416.80			28.49%	
	Nov-2014	64,535	\$481.61				41.27%	1.02	1.25	1.01	\$374.20			39.79%	
	Dec-2014	65,065	\$568.55				19.27%	1.02	1.25	1.01	\$433.89			63.43%	
	Jan-2015	67,791	\$514.23				22.64%	1.02	1.25	1.00	\$408.32			22.76%	
	Feb-2015	66,804	\$483.67				21.99%	1.02	1.25	1.00	\$357.64			22.44%	
	Mar-2015	65,530	\$518.00				22.44%	1.02	1.25	1.00	\$408.34			22.44%	
	Apr-2015	65,680	\$512.65				13.88%	1.02	1.25	1.00	\$408.10			15.50%	
	May-2015	65,025	\$480.48				12.60%	1.02	1.25	1.00	\$387.55			14.97%	
	Jun-2015	65,052	\$552.53				1.35%	1.02	1.25	1.00	\$414.30			6.17%	
	Jul-2015	66,690	\$515.60				-0.62%	1.02	1.25	1.00	\$408.46			2.05%	
	Aug-2015	66,197	\$473.93				0.91%	1.02	1.25	1.00	\$375.81			3.45%	
	Sep-2015	67,650	\$551.66				-1.41%	1.02	1.25	1.00	\$413.44			0.74%	
	Oct-2015	67,809	\$524.21				0.76%	1.02	1.25	1.00	\$415.33			2.50%	
	Nov-2015	67,471	\$521.61				2.34%	1.02	1.25	1.00	\$413.54			3.09%	
	Dec-2015	67,444	\$540.52			6.89%	5.60%	1.02	1.25	1.00	\$428.00		8.88%	8.88%	
	Jan-2016	69,220	\$503.70				4.69%	1.02	1.25	1.00	\$400.97			7.08%	
	Feb-2016	69,732	\$514.46				6.70%	1.02	1.25	1.00	\$409.20			8.30%	
	Mar-2016	70,277	\$559.16				6.03%	1.02	1.25	1.00	\$441.83			7.85%	
	Apr-2016	70,192	\$494.69				5.58%	1.02	1.25	1.00	\$393.09			6.42%	
	May-2016	70,255	\$508.76				4.75%	1.02	1.25	1.00	\$405.80			6.10%	
	Jun-2016	70,355	\$541.48				3.76%	1.02	1.25	1.00	\$426.25			5.07%	
	Jul-2016	70,575	\$503.31				2.78%	1.02	1.25	1.00	\$397.85			3.84%	
	Aug-2016	70,462	\$549.34				3.79%	1.02	1.25	1.00	\$434.39			4.63%	
	Sep-2016	70,775	\$552.97				3.54%	1.02	1.25	1.00	\$437.21			4.28%	
	Oct-2016	70,949	\$536.77				3.89%	1.02	1.25	1.00	\$424.41			4.49%	
	Nov-2016	71,013	\$530.49				4.08%	1.02	1.25	1.00	\$451.07			7.32%	
	Dec-2016	70,984	\$560.54				5.19%	1.02	1.25	1.00	\$466.65			5.37%	
														\$470.99	10.00%

Solvency

Total Adjusted Capital Authorized Control Level RBC Ratio	Historical Experience (ACA Only):	Incurred or Allowed Basis ⁽¹⁾
	Most Recent Quarterly Financial Statement	Most Recent Annual Financial Statement
	N/A	N/A

Loss Ratio

Time Period	Period Beginning Date	Period Ending Date	Member Months	Incurred Claims	Earned Premium	Loss Ratio
Historical Year - 4	1/1/2012	12/31/2012	0	0	0	
Historical Year - 3	1/1/2013	12/31/2013	0	0	0	
Historical Year - 2	1/1/2014	12/31/2014	638,492	231,441,129	249,496,315	92.8%
Historical Year - 1	1/1/2015	12/31/2015	108,293	24,197,094	30,568,002	89.0%
Historical Year 0	1/1/2016	12/31/2016	835,541	856,202,860	977,624,170	94.9%
Historical Totals			2,242,326	863,751,079	957,686,490	92.3%

Expected Incurred Claims	A-to-E Claims Ratio
0	
0	
245,275,629	94.4%
346,524,246	102.4%
863,917,541	102.3%

Quality Improvement Expenses	Adjustments to Earned Premium	Adj Medical Loss Ratio
0	0	PDV0'
0	0	
1,942,476	9,942,200	97.0%
2,113,072	7,594,648	91.8%
3,357,935	9,359,844	97.7%
6,383,481	25,318,212	95.5%

82,978,476	105.7%
412,544,158	100.0%

0	0	86.0%
3,505,100	1,090,588	89.5%

Anticipated Pricing Loss Ratio (no adjustments)

88%
89%

Anticipated LR using Federally-prescribed MLR methodology

Note:
The historical time periods should represent calendar years since the inception date of the plan type through the most recent date available allowing for the appropriate amount of run-out.
The interim time period the time periods available in the current year.
The future year should represent the 12 months immediately following the rate effective date.

Consumer Adjusted Premium Rate Development										
Index Rate for Projected Period PMPM										\$611.21
Risk Adjustment PMPM										\$0.01
Net Reinsurance Contributions PMPM										\$0.00
Exchange User Fees PMPM										\$0.00
Market Adjusted Index Rate PMPM										\$611.22
Product	Standard Platinum	xxx	Standard Gold	Blue Rewards Gold CDMP	Standard Silver CDMP	Blue Rewards Silver CDMP	Standard Bronze Integral	Blue Rewards Bronze CDMP	Catastrophic	
Product ID	13627V1034 and 13627V1039	xxx	13627V1034 and 13627V1039	13627V1037 and 13627V1038	13627V1035 and 13627V1036	13627V1037 and 13627V1038	13627V1034 and 13627V1039	13627V1037 and 13627V1038	13627V1034	
Plan ID	13627V10340001 and 13627V10390001	xxx	13627V10340001 and 13627V10390002	13627V10370001 and 13627V10380001	13627V10350001 and 13627V10360001	13627V10370002 and 13627V10380002	13627V10340001 and 13627V10390001	13627V10370001 and 13627V10380001	13627V10340001	
	Platinum	Platinum	Gold	Gold	Silver	Silver	Bronze	Bronze	Catastrophic	
Metal Tier	(with highest Metal AV)	(with lowest Metal AV)	(with highest Metal AV)	(with lowest Metal AV)	(with highest Metal AV)	(with lowest Metal AV)	(with highest Metal AV)	(with lowest Metal AV)		
Metal AV Value	0.899	0.820	0.899	0.772	0.695	0.698	0.621	0.615	0.615	
Pricing AV Value	1.133	0.990	0.990	0.915	0.861	0.863	0.752	0.730	0.412	
Projected Member Months	12,635	0	7,353	8,353	6,436	4,081	501	3,387	234	
Market Adjusted Index Rate PMPM	\$611.22	\$611.22	\$611.22	\$611.22	\$611.22	\$611.22	\$611.22	\$611.22	\$611.22	
Plan Adjustments (in multiplicative format)										
Actual value and cost-sharing design of the plan	1.009	1.000	0.874	0.797	0.752	0.692	0.650	0.623	0.642	
Provider network, delivery system characteristics and utilization management practices	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
Plan benefits in addition to EHB	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
Expected impact of special eligibility categories (only for catastrophic plans)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.505	
Plan Adjustments (in % format)										
Distribution and administration costs	11.0%	0.0%	11.7%	12.9%	12.8%	13.8%	13.8%	14.6%	21.4%	
Plan Adjusted Index Rate	\$692.56	\$611.22	\$605.24	\$559.31	\$526.31	\$490.67	\$459.73	\$446.17	\$251.67	
Age Calibration Factor	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
Geography Calibration Factor	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
Tobacco Surcharge Calibration Factor	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
Aggregate Calibration Factor	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
Consumer Adjusted Premium Rate PMPM	\$692.56	\$611.22	\$605.24	\$559.31	\$526.31	\$490.67	\$459.73	\$446.17	\$251.67	
Calculated Pricing AV	1.133		0.990	0.915	0.861	0.863	0.752	0.730	0.412	
Pricing AV in URRF	1.133		0.990	0.915	0.861	0.863	0.752	0.730	0.412	
Difference	0.0%	-100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
Explanation for differences between implied Pricing AV and URRF										
	N/A									
Age 40 Factor										
Age 40 Factor	1.180									
Tobacco Surcharge Factor	1.000									
Geographic Rating Area #1	1.000									
Geographic Rating Area #3	1.000									
Geographic Rating Area #5	1.000									
*Note if a particular plan is not offered in a rating area, please override the formula and enter "N/A" below										
Calculated Premium Rate (Age 40, Area 1, Tobacco User)	\$775.91	\$684.78	\$678.09	\$626.63	\$589.66	\$549.72	\$515.06	\$499.87	\$281.96	
Calculated Premium Rate (Age 40, Area 3, Tobacco User)	\$775.91	\$684.78	\$678.09	\$626.63	\$589.66	\$549.72	\$515.06	\$499.87	\$281.96	
Calculated Premium Rate (Age 40, Area 5, Tobacco User)	\$775.91	\$684.78	\$678.09	\$626.63	\$589.66	\$549.72	\$515.06	\$499.87	\$281.96	
Proposed Premium Rate (Age 40, Area 1, Tobacco User)	\$775.91		\$678.08	\$626.62	\$589.65	\$549.72	\$515.06	\$499.87	\$254.30	
Proposed Premium Rate (Age 40, Area 3, Tobacco User)	\$775.91		\$678.08	\$626.62	\$589.65	\$549.72	\$515.06	\$499.87	\$254.30	
Proposed Premium Rate (Age 40, Area 5, Tobacco User)	\$775.91		\$678.08	\$626.62	\$589.65	\$549.72	\$515.06	\$499.87	\$254.30	
Difference (Age 40, Area 1, Tobacco User)	0.0%	-100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-9.8%	
Difference (Age 40, Area 3, Tobacco User)	0.0%	-100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-9.8%	
Difference (Age 40, Area 5, Tobacco User)	0.0%	-100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-9.8%	
Explanation for differences										
	We used a difference Contract Conversion factor for the catastrophic plan.									
Actuarial value and cost-sharing design of the plan										
Actual value and cost-sharing design of the plan	1.009	1.000	0.874	0.797	0.752	0.692	0.650	0.623	0.642	
Paid/Allowed Ratio (Cost-Sharing only)	0.998	0.000	0.880	0.795	0.770	0.722	0.688	0.688	0.688	
Used Induced utilization factors	1.009	0.000	0.999	0.999	0.977	0.959	0.944	0.936	0.936	
Calculated	1.009	0.000	0.874	0.797	0.752	0.692	0.650	0.623	0.642	
Intentionally left blank. See below										

Risk Adjustment					
	Actual Risk Adjustment Received	Assumed in Most Recent Approved Rate Filing	Assumed in Current Rate Filing	Proposed Change in PMPM Compared to Prior 12 months	Proposed Change in PMPM Compared to Most Recently Approved Filing
Time Period	Calendar Year 2016	Calendar Year 2017	Calendar Year 2018		
Total Risk adjustment (Dollar amount)	\$561,088	\$970,600	\$113,102		
Membership Member Months	768,293	830,458	840,420	9.39%	-8.68%
PMPM	\$0.76	\$1.05	\$0.13	-82.21%	-87.15%
Premium	\$370,598,002	\$419,005,055	\$487,157,618	17.55%	12.15%
As a % of Premium	0%	0%	0%	-86.23%	-89.65%

If the actual risk adjustment payable/receivable was materially different than what was estimated in the previous filing, please provide details on how the current risk adjustment estimate has addressed the issue

The 2016 rate filing did not include an assumption for risk adjustment transfer as there was no information available at the time to calculate an estimate. We now have enough information to estimate the 2018 risk adjustment transfer and have incorporated that in our 2018 rate filing.

Please provide an exhibit, in excel with working formulas, demonstrating the calculation of the rate increase assuming that the current membership in terminated plans are mapped to renewal/proposed plans closest to the member's current benefit structure or Pricing AV. Include a quantitative calculation of the differences in benefits and cost sharing, as well as the Pricing and Metal AVs for the current and renewal/proposed 2016 plans. In the following text box state where in the filing the requested exhibit is located.

We are not terminating any plans in 2018